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THE MEDICAL AGE.

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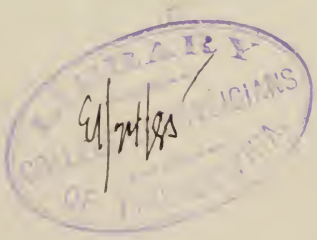


DETROIT, MICHIGAN:
GEORGE S. DAVIS, PUBLISHER.
1884.

In view, therefore, of the facts, would it not be well for such of our readers as are irritated by the appearance of an untranslated formula in the metric, to devote the energy consumed in berating us, in an attempt to convert the same into the terms of the vernacular? This diversion of energy would qualify them in a very short time to think it no hardship to be obliged to read such a formula. As a piece of mental gymnastics we would earnestly recommend it.

Unhealthy Schools.—If it be conceded to be the duty of medical practitioners to exercise a supervision over matters affecting the hygienic interests of the public, that duty is neglected in the case of our public schools to an extent which should call for an investigation. We should not hesitate through fear of a successful contradiction, to declare that, take one with the other, (there are a few exceptions to the rule) the conditions which obtain in our public schools are about as reverse of hygienic as if they had been deliberately planned to be such. The fact that the plastic youth emerges from them after a course of years in as sound a condition, physically and mentally, as he does, and that more do not perish by the way, instead of arguing against our proposition goes only to demonstrate the inherent toughness of the genus homo and the power with which it is vested by nature, of accommodating itself to its environments. Probably not another animal would as successfully withstand the baneful influences to which the human youth is subjected, in the regulation process of education. To say nothing of the mechanical means of cramming in knowledge, resorted to in lieu of those rational means which can alone properly unfold and strengthen the embryonic intellectual faculties, (the only true purpose of education) the neglect of the means necessary to proper physical development of the child, should excite alarm. In the great majority of even our most imposing school houses there is an utter disregard of the elementary principles of lighting and ventilation, while the rules adopted for ensuring a high percentage of "deportment," could scarcely be improved on as a means of producing spinal deformity and restricting the development of the chest.

It is scarcely necessary to enter into detail to convince any one capable of being convinced ,that our public schools are among the worst enemies of our youth. In their present condition they are at best necessary evils, for they are the only means afforded the masses for securing the education requisite as a preparation for the duties of civilized life. While they provide for a pseudo-education of the mind they antagonize the development of the perfect animal, and it may be fairly questioned whether a neglect of the body in the interests of the mind is most conducive to success and felicity, or rather to felicity, for that alone is success. Until our public schools are emancipated from the control of men and women, zealous though they all may be, who are ignorant of the requirements of the growing body, and of the known relations of mind to matter, they must continue the evil which they are. The hope of their adaptation to the best interests of our youth resides in our physiologists and sanitarians, a class who are as yet almost entirely embraced in the ranks of the medical profession. To bring about a proper condition of affairs would, however, demand the expenditure of much money, and to secure this the public mind must first be educated up to a sense of the evil to be remedied. It is gratifying to be able to report that in some places a sense of this evil is beginning to dawn. The president of the department of education in New York City, for instance, has declared that "the public may depend upon it that we shall spend all the money we can in making the schools healthy." If this department is composed of men who are qualified for the reform which is promised, the expenditure of money in New York may surprise the citizens. There is room even in Detroit, for the intelligent expenditure of a vast sum.

The Accident to General Grant.—Deeply interested as the country is in everything which pertains to this illustrious citizen, the report of the accident which befel him on Christmas eve aroused a very considerable anxiety. In stepping from his carriage he slipped and fell, striking upon the outer and upper portion of his left thigh. The force of the blow was such as to cause extreme pain and for a time there was complete paralysis of motion. These symptoms, conjoined with the age of the patient, naturally gave rise to the suspicion of fracture of the neck of the femur. Drs. Fordyce Barker and L. A. Stimson were soon in attendance, and the result of their careful examination dispelled this fear. The excruciating pain continued for upwards of thirty hours, when it gradually subsided, and the General is now able to be about his room.

Unfortunately, the habits of our aged citizens, whose renown was won in their more youthful days, and who are now enjoying the *otium cum dignitate*, are not such as to inspire much confidence in their speedy recovery from accidents which earlier in their lives would scarcely have called for a passing notice. What mention would, for instance, have been made of such a fall as that received by General Grant had it occurred when the hero was in the field at the head of our armies? Even in those dark days when his incapacity from an injury might have meant the disruption of the nation, such a fall would scarcely have come to the knowledge of even his own staff. The active exercise and abstemious habits of those days would have made such a fall a thing of no moment. The *otium cum dignitate* and the so-called good things of life, which are the rewards usually meted out to merit, are evils in disguise. They cut short the lives which, with their accumulations of wisdom from experience, can least be spared. The sleek, well-fed appearance of the aged gentlemen of means and leisure, is fearfully de-

ceptive. They have abandoned the active habits which won them wealth and fame, and the waste which those habits consumed is stored up in their bodies, a source of weakness and danger. The slightest accident to such is always a cause of anxiety. Nature is inexorable in her laws, and those who neglect the law which requires exercise sufficient to consume and eliminate waste, must pay the penalty. It is mainly this neglect which prevents man from reaching the full century of life which, we believe, is the design of nature.

MEDICAL JOURNALISM IN NEW YORK.—One year ago there was suddenly projected into the medical firmament, and in close juxtaposition to the New York galaxy, a journal to which its projector gave the name of "The Planet." New York is, of course, full of planets (not such because they shine by borrowed light, by any means, but because of their brilliancy) but this latest is known as *the* Planet. It seems but yesterday, that it appeared, but when we consider the revealing nature of the light which it has shed on the true inwardness of New York medical life, it seems as if it had been with us at least a decade. Its editor has a style peculiarly his own—it is inimitable—but his ingenuousness is refreshing. He writes with an *abandon* which, while it may occasionally smart, does not wound deep. We are sure he must be a favorite among his metropolitan fraters. Both as an illustration of the characteristics of his writing, to which we refer, and as a piece of glad tidings from the metropolis, we give the following quotation, from an editorial in his December number, on "New York Medical Journals":

"And now then, we come to a subject dear to our heart, although long delayed in its appearance in these pages. People say there are bickerings, heartburnings and jealousies in this world; that if a man succeeds he is scoffed by enemies—not a very logical proceeding; that the world is not worth living in, even with a heavy bank account; suicides daily occuring, as often in the educated as in the drunken circles; well—and what for?—we would like to know. All this, and more besides, because others do not sufficiently (?) appreciate and give us our due mead of applause; that, conjoined with insufficient church training, is at the bottom of quarrels, drink and suicides; truly we may say with Shakspeare, "What fools ye mortals be." Journalists, like doctors, are supposed to be jealous of each other, but they could in reality set a good example. This little paper has met with an astonishing amount of friendship, both from doctors and journalists. Unlike the lay daily press, a great deal of 'bonhomie' is to be found exercised among the medical journals to each other." It really does our heart good to thus learn of the happy family of New York medical journalists. May we be forgiven for ever having thought that things were as they seem.

After giving a graphic description of the care, anxiety and labor necessary in editing a medical journal, the editor asks, portentously: "But how long can we stand this terrible pressure? There's the rub." We sincerely hope the end hinted at may be far off. Why have we vitalized phosphates, kephaline *et id genus omne*, if our New York brethren are thus in danger of being cut off in their flower?

JEQUIRITY.—We cannot now recall any drug whose introduction to the notice of the profession has been so speedily followed by the crucial tests requisite to determine its value. The cause of this general use in so short a time while, doubtless traceable in a measure to the reputation of its introducer, lies chiefly in the fact that there existed a very urgent demand for a drug which should accomplish what jequirity had in a few instances been found capable of accomplishing. Granular lids have been the opprobrium of the ophthalmology, and nothing so stands in the way of this specialty's being elevated to the position of an exact science as they. If jequirity shall prove to substitute a reparative inflammation for the pernicious variety, it will indeed be greeted as a long felt want.

The method of using the seed is in the form of the freshly prepared infusion. Other methods have been tentatively employed but with no success. Although the preparation of the infusion has been previously described in these columns (see articles by Professor Eugene Smith, of this city, in volume 1, pp. 298 and 318) it may not be amiss, in view of the increasing interest, to again refer to this practical point: Take two seeds, which bruise to a fine powder in a mortar. Add to this powder an ounce of distilled water and allow to macerate for 24 hours. Then add an ounce of boiling water, and when cool, the infusion is ready for use. This strength of one seed to the ounce may be taken as a standard which is, of course, to be departed from according the susceptibility of the eye to which the infusion is applied. The object is to excite the peculiar jequiritic ophthalmia, and while three applications a day of this strength will usually be found to do this within three days, some observers have employed an infusion of the strength of nine grains (equal to about six seeds) to the ounce, and as strong a solution as eighteen grains (twelve seeds) to the ounce has been reported. The longer the duration of the affection the more difficult it seems to be to excite the jequiritic inflammation. The method of application is by means of a piece of absorbent to the everted lids, after which the cotton saturated with the infusion should be kept applied externally for from five to ten minutes. When the diphtheritic membrane begins to form it should be gently wiped off before the infusion is applied, The tendency to posterior symblepharon should be should be guarded against by separating the agglutination with a probe. Care must be exercised not to permit the secretion to come in contact with the eye not being treated, as it would excite the jequiritic ophthalmia, the occurrence of which in both eyes at once would give rise to too severe constitutional disturbance.

Although de Wecker declares that the cornea runs no risk from the jequiritic ophthalmia, other observers advise that it be employed very cautiously when there is corneal ulceration. The condition of the lids seems to be the most reliable guide to the application of the infusion; when they become chemotic the application should be suspended.

The infusion should be freshly prepared, it being now conceded by most observers that it loses its virtue after about a week. It has been recommended that the infusion be filtered before using, but it has been shown that if the filtering be very thorough it destroys the efficacy of the infusion by removing from it the microbe, on the presence of which the peculiar property of the bean depends.

During the progress of the jequirity inflammation the patient should be kept quiet and in a dark room, and the constitutional disturbance may be best met by the exhibition of saline refrigerants. The acute symptoms last usually three or four days, and the inflammation subsides entirely inside of two weeks in averages cases. At the end of that time if the case has been a successful one, it will be found the elevated processes of the trachoma have been absorbed. In some cases it may be found necessary to repeat the jequiritic ophthalmia in order to thoroughly clear off the lid.

THE TREATMENT OF PILES BY INJECTIONS.—Dr. Wm. H. Veatch, of Carthage, Ill., has had considerable experience with this method of treating piles. He gives, in the Peoria Medical Monthly, the following answers to a number of questions addressed to him by correspondents desiring explicit instruction regarding the operation:

I confine myself to two principal modes of examination. 1st. The knee-breast position of the patient, placed on a table two by six feet, well cushioned. My stand is taken on the left side of the patient. Pressing the nates apart will reveal any external tumors which exist; or the finger may be introduced through the sphincter ani to explore for internal tumors. 2d. I place the patient on the table, on left side, the limbs flexed on the body, the right limb being drawn higher than the left, with the knee resting on the table; then make the examination as before.

Piles originate from a common cause; *i. e.*, obstruction of the hemorrhoidal veins, therefore they are of the same nature and may be cured by the same treatment.

The ordinary hypodermic syringe of Tiemann & Co., is the one I have always used.

The management of the needle is an easy matter when your patient is in proper position and the tumors properly exposed. Use due caution in filling the syringe; see that no air is left in the barrel; insinuate the needle gently into the tumor at any point from which you can most easily reach the sack, or center of the tumor. I have sometimes thought I have had better results from depositing the remedy at the base of the tumors, but in so doing I am aware that I risk depositing the fluid in the cellular tissue beyond the hemorrhoidal tumor, or in an unobstructed vessel beyond the limits of the tumor. In such an event I can easily see how we might realize Dr. Allen's fears of embolism. The safest plan, therefore, is to pierce the tumor at its apex or center.

I have used all strengths, from equal parts of carbolic acid and water to that of only five per cent. of acid, and have had good results from all; but as a rule I use a twenty-five per cent. solution. Patients will bear this strength as a rule without complaining.

I have used tr. iodine, sol. subsulph. ferri, tr. ferri chlor., sol. plumbi acetat., sol. zinci sulph. and simple cold water; anything that will coagulate the blood. Several of the above act more promptly in that way than carbolic acid, but my experience is in favor of the acid on account of the readiness with which absorption takes place after its use. A little alcohol thrown into the tumor after the coagulum has formed, will assist absorption.

The following is the formula I employ:

℞ Acidi carbolici.....
Glycerini.....ää fl ʒ j
Morphinæ sulph ..... gr. viij
Aquæ dest..... fl ʒ ij.

M. Sig. Inject from five to ten drops into each tumor once in two weeks.

In nervous persons, who are easily hurt, and complain of very slight causes of pain, I inject but one at a time. But frequently I inject all at once if there are half a dozen.

External tumors are always much more painful under the operation, and are much longer being absorbed.

Occasionally tumors suppurate and discharge considerable quantities of pus, just as they frequently do without an operation of any kind; but these pus sacks usually granulate and heal with but little difficulty.

I give great latitude in regard to the time necessary to a cure. They have run all the way from five days to five months. A great deal depends on the length of time the tumors have existed.

When the tumor is once cured the vein at that point is obliterated and cannot fill again; but obliterating the vein at one point will not prevent a tumor from forming in any other part of the vein.

The length of time which patients suffer after treatment depends in a great degree on the condition of the tumor, the sensitiveness of the patient, and the strength of the solutions used. Ordinarily the first twelve hours puts an end to the pain, *i. e.*, the pain consequent upon the treatment.

The finger and the eye are all the instruments necessary for an examination of any case. A two-valve speculum, a tenaculum and scissors, a camel's hair pencil and a sponge are all the instruments you

will require, besides your syringe to treat any case of true hemorrhoids.

I can now call to mind only two cases who went to bed in consequence of the treatment. Almost all say that the pain of treatment is not to be compared to the pain they have suffered during the inflammatory stage of the recently filled tumors.

These are answers to the principal questions I have been able to cull from the mass of letters I have received, and I have to regret that my space will not allow me to enter more fully into the discussion of the various topics presented by my correspondents.

Now I will say to one and all, that the disease is to be treated as all other diseases must be, by the expenditure of a good proportion of common sense, and if one does not understand it he had better keep hands off. Always remember Prof. Andrews' admonition, "This nor any other plan is exempt from danger when practicedby ignorant men."

First, understand the nature of the parts diseased. Second, understand the disease you are attempting to cure. Third, understand the nature of the remedy you are making use of; and fourth, understand how to apply it. With these simple rules in view one can scarcely do harm.

THE THIRD CORPUSCLE OF THE BLOOD.—Dr. William Osler, of Montreal, contributes to the Medical News a short but comprehensive article on the somewhat vexed subject of the third corpuscle of the blood. He describes them as granular bodies of sizes varying from that of a red corpuscle to masses ten to twenty times as large. They were first described by Schultze and were long known as Schultze's granule masses. Though not usually abundant in healthy adults, they are occasionally found in large quantities in persons in apparently good condition. In all cachectic states they are large and numerous. They are more abundant in the blood of the young than in that of adults. They are commonly held to be degenerated white corpuscles, or a granular detritus resulting from decay. Dr. Osler was the first to show that they are composed of distinct corpuscles, and that the masses did not preëxist in the blood, but were formed at the moment of withdrawal by the aggregation of corpuscles. He was led to this discovery by the difficulty in conceiving how bodies of their frequent size could find a passage through the capillaries.

In 1877-79, Hayem, of Paris, investigated these bodies very carefully, and by special modes of preparation and examination was enabled to isolate them and prevent their aggregation into masses. He called them hæmatoblasts and believed that they represented embryonic red corpuscles.

From this time on, until last year, little or nothing new concerning these bodies is met with in medical literature, when in a series of papers in the Centralblatt f. d. medicinischen Wissenschaften, and more fully the November number of Virchow's Archiv (Bd. xc.), Prof. Bizzozero, of Turin, described anew the corpuscles (to which he gave the name of *Blutplättchen*—bloodplates) and advanced important views concerning their connection with the process of thrombosis and coagulation. The observations upon the connection of the corpuscles with thrombus formation are novel and important. When a vessel-wall is injured, or when any foreign body is introduced, the earliest observable phenomenon is the collection of the blood-plates on the wounded spot or on the foreign substance. The white corpuscles appear later and are much less numerous. The "blood-plates" rapidly change, becoming fused or united together and converted into a granular substance, and this dissolution or disintegration appears intimately associated with fibrin formation. In a portion of a vessel sutured between two ligatures the blood remains fluid so long as the blood-plates retain their normal form and appearance.

The influence which Schmidt and others attribute to the white corpuscle in coagulation, Bizzozero believes is due to these smaller elements. Certainly no such rapid disintegration of the colorless corpuscles takes place, as is spoken of by some writers. Under favorable conditions they may retain their vitality, as shown by amœboid movements, for twenty-four or thirty six hours after withdrawal, and many hours after coagulation has occurred. If freshly-drawn blood is whipped with a bundle of threads, the "blood-plates" first adhere to them, and afterwards a few white and red corpuscles. If the threads are then, before fibrin is deposited, washed in salt solution, they will, when placed in a suitable liquid (proplastic of Schmidt), induce coagulation, which, as Bizzozero has shown by other experiments, cannot be attributed to the few red or white corpuscles adhering to the threads. Several facts have come under Dr. Osler's observations which corroborate the views of the learned Italian professor. He has been struck with the density and richness of the fibrin network in blood specimens in which Schultze's granule masses were abundant. As is well known, the distinctness with which the fibrin filaments can be seen in blood slides varies very much, and Dr Osler thinks the variations will be found to have a close connection with the abundance or paucity of these elements. As one watches the process of coagulation, the filaments first seen are invariably in association with small granules—which represent disintegrated blood plates—or larger Schultze's masses. In cases of extensive atheroma of the aorta, the thrombi which form in the small breaches of the intima may consist entirely of these corpuscles, and in aneurisms they occur on the surface of the fibrinous laminæ. So, also, in the vegetations of endocarditis, these little corpuscles are found associated with the fibrin layers so commonly deposited in these structures.

The origin of the corpuscles remains a problem—one of many connected with the blood which await solution at the hands of histologists.

To conclude: 1st. There is in mammalian blood

a third corpuscular element, one-eighth to one-half the size of the red corpuscle. It can be clearly seen in the blood vessels of the living animal or in the vessels of freshly removed bits of tissue. It may be called appropriately the third corpuscle, or "blood-plate," though the latter expression is not a very satisfactory one.

2d. In blood withdrawn from the vessels these corpuscles aggregate together and form the well-known granule masses in which the corpuscles rapidly degenerate and lose their outlines. These masses, first described by Max Schultze, should be known by his name.

3d. There is evidence to show that the third corpuscle plays an important *rôle* in coagulation.

THE ETIOLOGY OF ECZEMA IN EARLY CHILDHOOD.—Jahrbuch für Kindhlkde., und physische Eigiehung.—Archives of Pædiatrics:

The disease referred to is the commonly seen eczema of the head and face which occurs during the period of suckling, and that which immediately succeeds. It is found in all stages, from the simple roughening of the skin, to the forms E. rubrum, madidum, squamosum, etc. The familiar phenomena in the papulo-vesicular variety so common among children are too common for repetition. The author considers that the impetiginous variety however, is the most frequent. In this form the underlying corium is bathed in the muco-purulent or purulent secretion; and new pustules are constantly being formed, while the crusts increase in size by the addition of dust, fat, and blood and become colored grey, brown, green and black. The crusts often cover the entire scalp like a cap, and this, with the involvement of the cheek, the nose, the forehead, the entire face, forms the familiar picture which has long qeen known as crusta lacta, milk scurf, porrigo larvalis, melitagra flavescens or nigricans. General eczema involving the entire body, in very young children, is not so common. Cases are by no means rare, however, in which there seems to be no portion of the skin upon the entire body which is free from the disease, in a more or less exaggerated form. As to etiology, the author thinks that scrofula is responsible for many cases of eczema, but not for those forms which have just been described, since he has been referring to a period of life in which scrofula does not usually show very great force. Likewise rachitis is not to be looked upon as a causative factor. Sufferers from the disease under discussion are commonly breast-nourished children, with full round forms, and are often of fine physical development. The disease though irritating, does not seem to interfere with nourishment, for they suckle freely, increase in weight and cut their teeth at the proper time. The stools are very apt to show a decided *torpor intestinalis*. Taking into consideration all the phenomena of the disease, infants possessing it may be said to show the legitimate picture of polysarcia. adiposa. The author thinks that in many cases the cause of this excessive development of fat is also an etiological factor in the production of eczema. In cases in which an excessive development of fat and eczema are associated with an exclusive milk diet, it may be well to add, between meals, a little bouillon, cocoa, thin gruel or some equally harmless preparation. As an experiment one may also add a little finely chopped meat at an earlier period than is customary in ordinary cases. Even a modified kind of Banting cure has been successful with the author in some cases. Treatment directed to the torpor of the intestines has in some cases proved efficient to the cure of the eczema. To accomplish this the author has used enemtaa of water and rhubarb, and the syrup of rhamnus catharticus per os. For local applications, the author recommends either a mixture of equal parts of lime water and linseed oil and an ointment consisting of vaseline and twenty per cent. of boracic acid. In addition only oil and cleanliness are necessary. No warm baths are to be allowed. Arsenic and mercury are highly recommended by the author for particular cases, but the disease sometimes recurs after this treatment. He admits that the intimate relation between polysarcia and eczema is not yet fully proven, but there are some indisputable facts that this relation has existed in certain cases. Among adults there is no casual relation between excessive development of fat and eczema, the reason for which has not yet been ascertained. The idea in this paper seems to be, that the chief factor in the production of eczema has to do with the functions of the intestines. These organs, among such infants as have been referred to, are almost always inactive to an unusual degree, and the secretion of bile is very much lessened on account of the fatty liver which usually co-exists with the polysarcia. Under these conditions, an eczema may be developed with as good reason as does eczema of the head among women at the climacteric. The cause for the disease in infants may, possibly be due to the active arterial fluxion, which is so important at this period, for the proper development of the head its contents and its dependents.

THE DANGERS WHICH LURK IN GIRLS' SCHOOLS.—Dr. T. S. Clouston contributes a thoughtful article on this subject to the January number of the Popular Science Monthly:

"One of the practices most energetically relied on in the higher class of girls' schools is that of the competition of one scholar with another. In some of them this competition is terrific. It extends to every subject; it becomes so keen as to put each girl who is in the foremost rank in a fever-heat of emulation before the examinations. In some cases it overmasters every other feeling for the time being. No doubt, from the schoolmaster's point of view, it is the very thing he wants. In his professional enthusiam he aims at the highest mental result. He is not professionally interested in the health or the

special nervous constitution of his girls; he does not regard them as each one a medico-psychological entity and problem. I don't say this by way of reproach. All good men try to attain the highest result in their special departments. The educator has no means of knowing the constitution and hereditary weakness of his girls—that the mother of one died of consumption, that the father of another was insane, that neuralgia is hereditary in the family of a third, that one has been nervous, another had convulsions when a baby, another has been threatened with water in the head, etc. His own education and training have not taught him to notice or know the meaning of narrow chests, or great thinness, or stooping shoulders, or very big heads, or quick jerky movements, or dilated pupils, or want of appetite, or headaches, or irritability, or back-aches, or disinclination to bodily exertion. But all these things exist in abundance in every big school, and girls handicapped in that way are set into competition with those who are strong and free from risks. It is the most nervous, excitable, and highly strung girls who throw themselves into the school competition most keenly. And they, of course, are just the most liable to be injured by it. All good observers say the intensity of feeling displayed in girls' competitions is greater than among lads, and that there is far more apt to raise a personal animus. Girls don't take a beating so quietly as boys, Their moral constitution, while in some ways stronger than that of boys, especially at that age, suffers more from any disturbing cause. The whole thing takes greater hold of them—is more real."

On the question of the multiplicity of subjects taught Dr. Clouston has the following: "I am no educationalist, and may be accused of speaking about what I am ignorant of, if I suggest that too many things are taught at the same time, and too little time is taken for the whole process. Think of an undeveloped brain getting up book-knowledge on ten different subjects all the same day, and this going on day after day for years! It is altogether contrary to the principles of a sound psychology to imagine that any sort of mental process, worthy of the name of thinking, can take place in that brain while that is going on. The natural tendency of a good brain at that age to be inquisitive and receptive is glutted to more than satiety. The natural process of building up a fabric of mental completeness by having each new fact and observation looked at in different ways, and having it suggest other facts and ideas, and then settle down as a part of the regular furniture of the mind, cannot possibly go on where new facts are shoveled in by the hundred day by day. The effect of this is bad on boys, but is worse on girls, because it is more alien to their mental constitution. The effect on them of this unnatural process is to exhaust the nervous power at the time, and to leave the brain afterward filled with useless things that are soon forgotten and pass away; as Goethe said about professional men: they labor under a great disadvantage in not being allowed to be ignorant of what is to them useless. The vital energies and nervous power that had thus been thrown away should have gone toward a feminine equipment of a healthy, well developed body, a mind built up and stored with knowledge that had a relation to its own nature and to the wants of its future life, affections not attenuated by scholastic routine, and a cheerfulness that is only compatible with good health. The cramming up of the dry facts of those many subjects is in most cases a weariness and pain, while the intelligent study of one-third of them, selected on account of their fitness to the mental constitution of the learner, or her probable requirements in future life, might be a pleasure and a lasting profit."

The True Nature of a "Cold."—Dr. C. E. Page writes as follows, touching the nature of a "cold," in the Popular Science Monthly, for January: Years of study and observation have forced me to the conclusion that the disease which manifests the symptoms popularly supposed to indicate that a cold has been caught, is to all intents and purposes a *filth-disease*, arises largely from indigestion, and forms the basis, so to say, or is in fact the *first stage of all* the so-called filth-diseases. Whatever interferes with digestion or depuration, or depraves the vital organism in any manner, produces an impure condition of the body—a condition of disease; and a continuance of disease-producing habits must inevitably result in periodical or occasional "eruptions," the severity of which will depend upon the degree of one's transgression. Among the causes of this impure bodily condition are (1) impure food, (2) excess in diet, and (3) impure air. Our homes, offices, shops, halls, court-houses, churches, and, with rare exceptions, all living-rooms, private or public, are insufficiently or not at all ventilated; and, except while in the open air, a very large portion of our people, in all the walks of life, habitually breathe an atmosphere vitiated by being breathed over and over again; they are starving for want of oxygen, and are being poisoned by carbonic acid. In default of sufficient oxygen the best of food cannot be transformed into pure blood—there will always be a corresponding indigestion; nor can the carbonic acid be eliminated freely in an impure atmosphere. We have, then, serious "interference with digestion and depuration," whenever we remain even for a single hour of the twenty-four in an "in-door" atmosphere, *i. e.*, an atmosphere that is not in tolerably free communication with the great body of air without. The only offset for restriction in oxygen is restriction in diet and exercise; but a combination of this character would produce enfeeblement of the system, though if a proper balance were maintained there would arise no febrile symptoms such as we are considering. We have plenty of people living in unventilated rooms who, as far as *exercise* is concerned, live a well-balanced life; but seldom do these, any more

than the robust and active, practice any sort of voluntary restriction as to quality or quantity of food—nausea and lack of appetite being the only safeguards. Persons of this class are great sufferers from colds.

CURIOUS LIFE FACTS AS TO NEW YORK CITY.—Gaillard's Medical Journal gives the following lugubrious outlook for the metropolis: Were it not for the daily influx of immigrants from sister States and from Eurore, the doom of this great city would soon be written. It is many years since the number of births has not been far exceeded by the number of deaths. During the year 1882 there were 27,321 births, but 37,951 deaths! The deaths exceeded the births by 10,630, or by nearly 39 per cent!

This startling fact is due to many causes.

Marriage is becoming more and more rare in this city. The proportion of bachelors and young women to the population was never so great. Men with handsome salaries are unable to marry; they cannot afford it, the women of America, by their ex-extravagance in dress and life, have made this impossible for more than a small percentage of men. Celibacy is the rule born of this conspicuous and wanton extravagance. Few men, therefore, can marry, and unmarried women in almost every household are now paying the life penalty for their extravagances by making married life for most of them impossible. Marriages, then, are comparatively rare indeed in such a population.

Again, when marriage does take place, society will forgive in the wife almost every condition but that of fertility! Sterility in the wife no longer makes her a "reproach among women;" she in this condition, becomes the "bright particular star," "the glass of fashion and the mould of form, the observed of all observers." Natural sterility in her is socially forgiven. So is even artificial sterility; so also is the prevention of conception by many of the most familiar methods. The destruction of "conception" is not unforgiven; but the imprudent victim of fertility is the victim of the quiz-glass, of the social smile, and the shoulder shrug! Births are infrequent indeed under such régime and under such circumstances; and, added to such facts, the increased cost of living in a family where fertility prevails, induces many of the poor to avoid all natural additions to the family circle. Sterility is fostered, encouraged, even socially admired; and, as the result, the deaths exceed the births by about 39 per cent.

CORROSIVE SUBLIMATE IN DIPHTHERIA.—Dr. Madison Reece, reports in the Journal of the American Medical Association, excellent results from the use of the bi-chloride of mercury in diphtheria. He dissolves one grain of the salt in four ounces of rain-water. When the patient is old enough to gargle and rinse its mouth, it is required to thus use this solution every two hours, swallowing a teaspoonful afterward. In severe cases this should be repeated every hour. The treatment should be continued for a week or longer, even should the membrane disappear, as it is apt to return on suspension of the treatment. The symptoms produced by the drug are a guide to the strength of the gargle and the length and frequency of its use, Dr Reece declaring that as long as any of the diphtheritic poison remains in the system, nausea, vomiting and purging will not be caused by the solution of the strength indicated. The rationale of this treatment is found in the fact that the remedy is rich in chlorine, and also in the fact that the bi-chloride is destructive to bacteria.

In the January number of the Therapeutic Gazette, Dr. F. C. Herr of the South Western Hospital, Philadelphia, also speaks in terms of high praise of the use of the bichloride in diphtheria. His method of employing it differs, however, from that of Dr. Reece. Dr. Herr gives to a child two years of age, 1-12 grain of the corrosive sublimate in solution every two hours, continuing the remedy for two days should there be no symptoms of salivation. The remedy must be begun with soon—before the diphtheritic poison has impaired the vital forces beyond reparation. If ptyalism occur it must be abandoned, and Dr. Herr endorses the opinion of the author of this treatment (Dr. Linn, of Pennsylvania) that if its effect for good is not very speedy it should be abandoned. The first few doses should impress the disease. After all diphtheritic symptoms have subsided the ferruginous tonics should be resorted to.

OVERCROWDING IN THE SEVENTEENTH CENTURY.—A series of books (nine in number) are preserved in the record-room of the town-clerk of London, entitled the *Remembrancia;* and from the biographical notes it is seen what was done to prevent overcrowding, indeed, to prevent any addition to the number of inhabitants. There is a petition, dated October, 1632, to the Lords of the Council, complaining of the multitude of newly-erected tenements in Westminister, the Strand, Covent Garden, Holborn, St. Giles's, Wapping, Ratcliff, Limehouse, Southwark, and other places, which had brought great numbers of people from other parts, especially of the poorer sort, and was a great cause of beggars, and other loose persons, swarming about the city, who were harboring in these outplaces; that by these multitudes of new erections the price of victuals were greatly enhanced, and the greater part of the soil was conveyed by the sewers in and about the city, and so fell into the Thames, to the great annoyance of the inhabitants, and pollution of the river; that, if any pestilence or mortality should happen, the city was so compassed in and straitened with these new buildings, that it might prove very dangerous to the inhabitants. They therefore prayed the Council to consider the great inconvenience of these new erections, and to be a means to the King that some restraint might be had.

THE OLEATE OF ACONITIA AS A LOCAL ANODYNE.—Dr. Howard A. Kelly, of Philadelphia, reports in the Medical News remarkable results from the use of oleate of aconitia as a local anodyne. He employed it in a case of intense suffering attendant on an aneurism of the aorta, applying it over the tumor which appeared pulsating in the first and second intercostal spaces of the right chest, above the clavicle, and above the sternum as big as a hazelnut. In from five to eight seconds the applications of two or three drops of a two-per cent. solution of the oleate of aconitia was followed by a prickling "like needles and pins," and in twenty seconds the pain had disappeared, leaving a slight numbness. The doctor also reports the result of the application of the oleate over the seat of pain in tic douloureux, in the practice of Dr. de Schweinitz. It afforded complete relief after other remedies recommended in such cases had failed.

When the penetrative power of oleic acid is remembered it is not singular that aconitia given in combination with it should obtund the pain as quickly as reported.

The Archives of Pædiatrics is the name of a new monthly journal recently announced. It is to be edited by Dr. William Perry Watson, who will be assisted by a long list of collaborators, in which we notice such names as J. Lewis Smith, of New York, J. M. Keating, of Philadelphia, M. S. Hatfield, of Chicago, Wm. T. Plant, of Syracuse, and those of other domestic and foreign specialists. It announces itself as the only medical journal in the English language published without advertisements and exclusively in the interest of pædiatrics. There is a good field for such a good journal on diseases of children as the editor and his collaborators can furnish, but we fail to discover wherein its value will be enhanced through its carrying no advertisements. Terms $3 a year. Address 319 York street, Jersey City, N. J.

New Remedies comes to us in its January number under a new name and size and style. It is now the American Druggist, has fifty per cent added to the size of its page, and fringes its advertising pages throughout with a narrow column of reading matter, composed largely of facetiæ. It is now more of the nature of a trade journal than formerly, although there is not the least evidence of abatement in its devotion to the needs of the druggist from a scientific standpoint. It combines most successfully trade and science, and will be more valuable than ever to the druggist, in whose calling these two are intimately blended. Dr. F. A. Castle and Charles Rice, Ph. D. remain in charge of the professional part of the paper, which fact is a guarantee of continued excellence in this part. The subscription price has been reduced to $1.00 per annum.

That veteran editor Dr. E. S. Gaillard, gives in the December number of his Journal, his views on the editorials with which amateur editors are wont to close each volume of their journals. He once used to write such editorials himself, full of self-congratulation, and promises and plans. They became shorter, however, with succeeding years, until when he had been an editor ten years, he returned only sincere thanks. Now at the end of his 36th volume (18 years) experience whispers to him that it is inexpedient to make promises; that plans are interesting only as they are executed and not foreshadowed; and that self-gratulation is in bad taste and to be absolutely avoided. We take great pleasure in being able to endorse these sentiments.

We give the following literal translation of an advertisement copied by the Deutsche Medizinal Zeitung from the Alzeyer Zeitung: "Public acknowledgement. The undersigned herewith express their thanks to Dr. E———, of F———, for his assistance at the birth of our 6th child, which he brought into the world without forceps birth, by the aid of God, while the other five previous children always at the birth, also through capable physicians, have died. The circumstances of the mother, however, have always been the same. We, therefore, can reccommend Dr. E——— warmly to all." Here followed the signatures of the thankful parents.

The Planet indicates the following as a path to distinction: "If you should happen to have no patients, do not let that trifle disturb you in the race for fame. Get some poor monkey by the tail and perform some 'experiment' on him; look up the 'bibliography' of the monkey; copy into your monograph what other men did with monkeys; put their monkeys and your monkey together, and that will make quite a respectable article; the article will be still larger and more imposing if you copy out several 'experiments' performed in London or Paris; put your own name at the head of the whole thing (all the monkeys)."

Dr. F. P. Atkinson reports, in the British Medical Journal, a remarkable case of fecundity. The lady, who was in good position, married at 16 and died at 64. She had 39 children (all by the same husband, whom she survived). Thirty-two of these were girls, and seven boys, and, with the exception of two who were twins, they were all single births. The children all lived to attain their majority. We have seen a mother and father with their twenty-one children all together at their Chrismas dinner, but thirty-nine is too many for the women of this country.

Dr. Henry J. Reynolds, erst of Orion, Mich., who removed to Chicago only last summer, has already been appointed Professor of Dermatology in the College of Physicians and Surgeons in the latter city. The Western Medical Reporter speaks in terms most complimentary of the new professor. The doctor was a very successful practitioner, and we believe he will fully justify the hopes entertained of him in his new position.

The wet-nurses in the pay of the Assistance Publique, Paris, threaten a strike. They receive only from fifteen to eighteen francs a month for the labor of their mammæ, which they think is too small pay. The peculiar nature of their calling prevents them from shirking their work, watering their stock or in any other way getting even with their employers. It is to be hoped, both for the sake of the nurses and the nursees, that the strike, if it actually occur, may not be prolonged, as even a week's rest would be apt to incapacitate the strikers. With dried up breasts their occupation, like Othello's, would indeed be gone.

It is proposed to erect a monument to the memory of J. Marion Sims, in Central Park, New York, and the Medical Record is already in receipt of contributions to the fund. Bronze and stone may be the more effectual means of perpetuating his memory among the people, but while the English tongue is spoken or its literature, living or dead, exists, nothing in addition to his own works will be needed to remind the profession that J. Marion Sims was a member of it, or that he stood among the first in its first ranks.

"The Analectic" is the name of a new medical journal of which Messrs. G. P. Putnam's Sons, of New York, have issued a prospectus. It is to be "a monthly periscope summary of the progress of medical science." Dr. Walter S. Wells, formerly of the Epitome of Braithwaite's Retrospect, will be its editor. Subscription price $2.50 in advance. Sample copy sent free to any address on application.

The generally accepted origin of the word "charlatan" is the Italian word "Ciarlare," to chatter, to talk much. A different etymology is now suggested by a German journal: A Paris physician, called Latan, went through the town in a chariot containing his drugs, and in which he also examined his patients. This evoked the expression "voila le char de Latan," which was subsequently corrupted to "charlatan."

The Medical and Surgical Reporter closed with its last issue in December, the first quarter century of its existence as a weekly publication. We congratulate our contemporary on the substantial success which it has achieved in those years. May its present editors live to see the close of at least two more quarter centuries in their present connection with it.

Dr. Frank Woodbury announces, in beautifully rounded phrase, in the December number of the College and Clinical Record, his retirement from the joint editorship of that journal. We are pleased to announce that this retirement does not, however, mean his withdrawal from the editorial fraternity. He resigns to devote himself exclusively to the editorship of the Medical Times, in which capacity he succeeds Dr. Horatio C. Wood.

Dr. Landon B. Edwards has associated with him as editor and half proprietor of the Virginia Medical Monthly, Dr. W. H. Coggeshall, of Richmond, Va. Dr. Coggeshall is no novice at editorial work and his assistance will materially relieve Dr. Edwards in the conduct of his able journal. After nearly ten years of editorial grind he will appreciate the respite which the partnership will bring him.

It is stated that the late Dr. J. Marion Sims, was at the time of his death, considering a proposition from Sidney Dillon, a wealthy New Yorker, to postpone his contemplated European visit. Mr. Dillon had offered him $10,000 to remain until the spring so that he might take care of a member of his family during the winter.

The late Dr. J. Marion Sims had just completed at the time of his death, a sketch entitled "Lydia McKay and Colonel Tarleton." It describes a romantic episode in the Revolution—the rescue of her imprisoned husband by the fair and clever Lydia. It will appear in Harper's Monthly, for February.

Faith is usually personified as a drenched female clinging to a sea-washed rock. The Western Medical Reporter, however, suggests a more timely and not less striking illustration: a bald-headed man buying a bottle of patent hair-restorer.

A Digest of Materia Medica and Pharmacy. Forming a Complete Pharmacopœia for the Use of Physicians, Druggists, and Students. By Albert Merrell, M. D., Professor of Chemistry, Pharmacy, and Toxicology, in the American Medical College, St. Louis, Mo., Member of the State Board of Health of Missouri.

Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

Detroit: John MacFarlane.

A careful examination of the book before us discovers its *raison d'être* in the fact that it mentions a number of drugs which are non-officinal. Its consideration of officinal drugs is quite fragmentary, and we could have hoped that that of the non-officinal had been more complete. These faults are, however, inseparable from the compendium style of the book. There is a demand for a work on our non-officinal materia medica, but the interest in them is such that the profession desires fuller information concerning them, than can be given in an octavo volume of 500 pages covering the whole domain of the materia medica. Dogmatic assertion may be made of drugs whose use for many years has familiarized them. These have, in most instances, been subjected to thorough physiological tests on the basis of which their therapeutic use has either been founded or perfected. When our author, therefore, dismisses, for instance, the physiology and medicinal uses of quinia and it salts with an epitome of fifteen lines, we are not so very much disappointed, for we know that there exists elsewhere in the literature of this subject, the records of physiological experiments and medicinal uses to which we may revert, in corroboration or refutation of his statements. When, however, we turn to Diospyros Kaki (which the author calls D. Kali) and are told that it has

"similar constituents and properties to D. Virgin." we are disappointed. Our disappointment is not lessened when on turning to D. virgin. we find all that is said about it to be that it is "used in relaxed and catarrhal conditions of the gastro-intestinal tract, and of the bladder, urethra, and vagina." We are again, for instance, much interested in Rhamnus Purshiana, and would like some light on those physiological properties of the drug on which the remarkable results following its use in constipation, reported by practitioners of both this country and Europe, are based. On turning to R. Purshiana we find the only statement regarding it to be that it was "recently introduced as a remedy for habitual constipation depending on relaxation of the muscular coats of the intestinal tract. It resembles R. frangula in its action, but is milder and less likely to produce tormina." —a statement at once incomplete and not strictly in accordance with the more recent facts developed in connection with this new drug.

The author finds it necessary to state that "the condensed style of treatment precludes the possibility of giving individual credit except in a few instances." Had he referred his readers to the standard works for a consideration of the officinal drugs, and utilized the space which would have been thus gained, in giving a fuller consideration of the non-officinal drugs, we think it would have enhanced the value of the book. The claims made for these drugs are in the main correct, but it would have been more satisfactory had the profession been furnished with facts from the experience of a trained observer like the author, as a basis for testing the claims made in the more or less ephemeral literature. Dr. Merrell has demonstrated in the work before us his fitness for the task and we trust that in future editions he will favor the profession with a work of the nature indicated.

Sexual Impotence in the Male. By William A. Hammond, Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the New York Post-graduate School; President of American Neurological Association, etc. Price $2,50.
New York: Bermingham & Co.

Dr. Hammond treats this subject in his usual terse style, and, as far as he pursues it, in his usual exhaustive manner. The book is divided into four chapters, devoted respectively to the usually recognized causes of impotence. The chapter on the physical causes of the condition is especially worthy of a perusal by the practitioner. The psychical causes are generally recognized, but, we take it, the practitioner is wont to pay too little attention to the anatomical (congenital and acquired) conditions which interfere with the physiological discharge of this function. While sterility is, doubtless, chiefly on the side of the female, it is not less certain that in many cases the unsuspected cause lies with the male.

Dr. Hammond promises in the preface to enlarge at some future time the scope of the book, to include a full consideration of the subject of sterility in both male and female. Such enlargement will enhance its value, but there is enough valuable information and food for reflection in the book as it is already given us, to warrant its possession by every live practitioner.

The Diagnosis and Treatment of Diseases of the Ear. By Oren D. Pomeroy, M. D., Surgeon to Manhattan Eye and Ear Hospital; Ophthalmic and Aural Surgeon to the N. Y. Infant Asylum; Consulting Surgeon to the Paterson Eye and Ear Infirmary, etc. Price, $3.00.
New York: Bermingham & Co., 1260 Broadway.

This book is one of the cheap series which Messrs. Bermingham & Co. have placed before the profession. The letter press, paper, and binding are all that can be desired even in a book of its size costing fifty per cent more money. The work is eminently practical and well adapted to the needs of the general practitioner. It is to be regretted that the author has seen fit not to give the anatomy and physiology of the ear. His excuse for the omission, viz. "that, to study the anatomy and physiology of the ear thoroughly the books devoted to such subjects treat the matter more extensively than the ordinary text-books on the diseases of the ear can possibly do," is insufficient. The author's apology in the preface regarding the limited time for preparation seems quite uncalled for in the character of the book he has given us.

A Case of Gangrene of Extremities from Emboli.

REPORTED BY DR. O'BRIEN, BARNESVILLE, OHIO.

I was called to attend a negro woman, æt. 32, in her second confinement. The labor was natural, and, as is the custom with these people, she was about the house in a week or ten days feeling perfectly well. About four weeks after I was called again. The woman had awakened in the morning and found the right foot numb and cold. It was "dead," as she expressed it. Otherwise she felt as well as usual. I ordered the foot elevated and the limb wrapped in cotton batting. In a few days the skin began to slough and the line of demarcation formed at the junction of the upper and middle third. Supporting treatment was given and carbolic acid used on the gangrenous member. Her appetite was good and she suffered no pain, resting well at night. She was cheerful and worked with her needle as she sat in her chair during the day. About six weeks from the commencement of the case, and while nature was doing such good work at the line of demarcation on the right limb, the left foot suddenly became cold, and gangrene was found present. A line of demarcation formed in the left some two inches lower than in the right limb. The woman's appetite remained good, and she rested well, suffering little or no pain. Knowing the case would be fatal, I watched it closely. On the tenth week both arms suddenly became cold, and I had a case of gangrene in both lower and both upper extremities. The woman now had considerable distress in breathing and a rapid irregular action of the heart. On

the fourteenth week pneumonia set in and the case ended in forty-eight hours.

Autopsy eight hours after death: Post mortem rigidity absent; body emaciated; line of demarcation well formed in right leg, in the left distinct. Uterus was removed and carefully examined. There was no evidence of any inflammatory trouble present. The change following pregnancy had occurred naturally. The heart was enlarged and the valves studded with vegetations. The heart substance was soft and friable. The lungs were engorged and the pleuræ contained a quantity of fluid, which gushed out as the chest was opened. The femoral arteries were filled with clots and the vessels occluded in the popliteal space by inflammation. The axillary arteries were filled with clots extending to where the vessel passes over the first rib. This woman had never had rheumatism or any serious illness, had never suffered any distress referable to the heart, on the contrary had always enjoyed the best health previous to her last confinement. Such was the history given me.

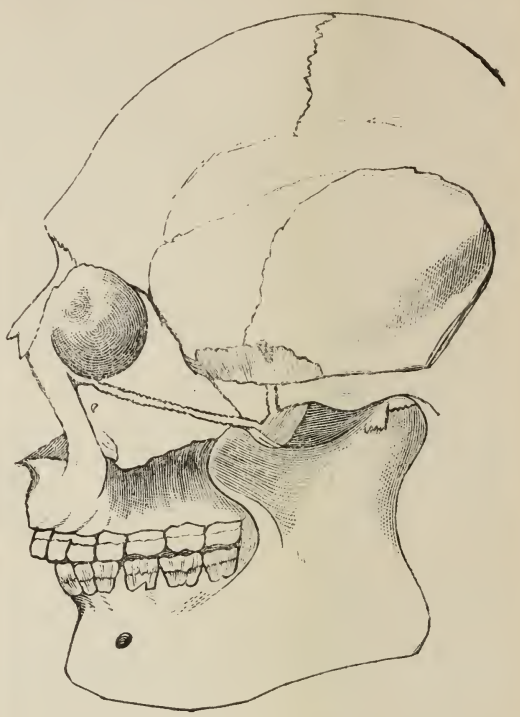
Professor Blackman, of Cincinnati, in a pamphlet written by him some years ago, reports several cases of puerperal gangrene almost identical with this of mine. It is true this woman suffered cardiac distress during her illness. She had a rapid pulse and a blowing sound over the left heart. Evidently the trouble was from the detachment of vegetations in the left heart, and they of such size as to occlude the axillary and femoral arteries. But there is an apparent absence of any heart trouble until after confinement, so the puerperal state must have, by blood changes, developed the organic trouble in the heart.

I made a post mortem in a case of sudden death in a brother of this woman, æt. 28. The heart was as large as a bullock's, and the valves and chordæ tendinæ covered with vegetations; the heart substance friable. This man was a common laborer; but in spite of his every day work had never suffered any distress or symptom referable to the heart; in fact, he had never been sick.

Fracture of the Right Malar Bone.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

The subject of this article is a male, æt. 26, has always been quite healthy; family history good; painter by occupation. About noon of June 16th, last, patient, owing to a badly constructed platform giving way with him, fell about 15 feet, his right cheek coming violently in contact with a pulley. He was unable to rise from the ground for some time owing to severe vertigo, which continued more or less for twenty-four hours after receipt of injury. On being brought to my office, about two hours after the accident, the patient presented the following condition: Right cheek severely swollen, extensive lacerated wound over right malar bone, and prominent osseous projections near outer canthus and at the center of the inferior orbital rim. Pressure at this latter point found the fragment quite movable, the fracture running horizontally backward to near the origin of the zygomatic arch, and then obliquely upward and forward, emerging at the orbit, as seen in the accompanying cut.



The treatment resorted to in this case, was a compress over seat of fracture, held in place by a bandage horizontally about the head. Patient made a good recovery.

Remarks.—Just what proportion fracture in this locality bears to that of other structure, of the body, I am unable to state at present. However, from its not being mentioned in the standard text-books, the peculiar shape of the object required to produce the injury, as in the above case, the sharp edge of a pulley similar in form to a gauge, the anatomical formation of the bone in question and the protection that the face generally receives from all injuries—all combined would make this case appear as one of rather infrequent occurrence. It should be noted that this form of fracture can be produced by direct violence only.

In re Antiseptic Ovariotomy.

BY DONALD MACLEAN, M. D., DETROIT, MICH.

Apart from all controversy (which I hate) and in the interest of scientific surgery (which I love), permit me to state the following interesting and relevant case:

On the 27th ult., in this city, I removed a compound ovarian tumor, nearly forty pounds weight, for a young lady aged nineteen years. The opera

tion was performed in a small and crowded house, in a narrow side street, of decidedly suspicious aspect, hygienically or antiseptically speaking. The operating room, about ten feet broad by twelve long, communicated directly with the street in the one direction and with the kitchen in the other. Ten medical friends, besides two female relatives of the patient witnessed the operation; in short the room was packed full. An extensive parietal adhesion occasioned persistent oozing, so that the peritoneal cavity was unavoidably kept open for fifty-five minutes. An omental adhesion necessitated the application of several ligatures and the snipping off of several tags of lacerated omentum. Carbolic acid in the proportion of one part to twenty of hot water was used to cleanse the hands, the instruments and the sponges. No spray. The anæsthetic was Squibb's chloroform. With the exception of the usual inability to urinate and a slight degree of nausea, the progress of the case from the date of operation down to the present time, has been entirely uneventful and in every respect gratifying. One starch and laudanum enema, and one hypodermic injection of a quarter of a grain of morphia, constituted the sum totum of medication applied, and these might very well have been omitted. The wound healed by first intention, the temperature never rose to 101°, the pulse rarely exceeded 100, tympanitis was conspicuous by its absence, the bowels moved on the fourth day and have continued to move regularly and naturally ever since, the sutures were all removed on the fifth day, the patient sat up in an easy chair on the sixth day, and on the eighth day I considered her as dismissed cured. Finally, this is not by any means an exceptional result in my experience.

Acute Meningitis.*

BY WM. T. PLANT, M. D., PROFESSOR OF DISEASES OF CHILDREN IN THE SYRACUSE UNIVERSITY.

Gentlemen.—Our topic for to-day is acute meningitis, one of the most formidable of all the diseases of early life. You will find it described in some of your books under the name of acute hydrocephalus; but, while you may find it useful to remember that fact, I hope you will not use that term. It served a good purpose once, but, now that we have a better knowledge of the disease, it should give place to the more appropriate name of meningitis.

We recognize two varieties—the tubercular and the simple. The former, being much the more frequent in children, merits our first attention. Acute tubercular meningitis is an inflammation preceded and caused by a deposit of tubercle within the skull. Examination made after death reveals the tubercles, not aggregated into masses, as they so often are in the lungs and other organs of the adult, but as minute grayish bodies of pin-head size, sometimes larger and often smaller. They may be very numerous, or so few and sparse as to be found with difficulty. The severity and duration of the illness seem to bear little relation to their numbers.

You might fairly suppose from the name *meningitis*, that all the membranes, dura mater, arachnoid, and pia mater, share alike in the tubercular deposit and the resulting inflammation; but it is not so. With a few exceptions, if any, the granulations are in and upon the pia mater, and here the brunt of the inflammation expends itself. Nor do the tubercles spread themselves over the whole extent of this membrane. Search for them ever so carefully on the convexity of the hemispheres, and you will rarely find them; but lift the brain from its bed and examine its base, and you are at once rewarded. Here, between the optic commissure and the medulla oblongata, you may find the tubercular granulations in more or less profusion. Usually some may be found along the lower part of the sides of the hemispheres, as also in the processes of pia mater that dip down into the sulci between the convolutions. The membrane is often found thickened by an opaque, grayish infiltration that has been regarded as "confluent tubercle."

Besides the tubercles and infiltration, you will find some of the concomitants and results of the inflammation, as hyperæmia of the membrane and contiguous parts, flakes of lymph, and often serum and pus. Almost always there is adhesion, so that when the pia mater is peeled off it brings some of the brain substance with it. The inflammation may have invaded to some extent the brain itself, which will then present changes in color and texture. It is common to find the fluid in the lateral ventricle somewhat augmented; occasionally the increase amounts to a quarter of a pint or more.

Quite generally, but not always, meningeal tubercle is associated with tubercle in other parts of the body, notably the peritoneum and the lungs.

Whatever may contribute to produce a tubercular diathesis in a child may become a cause of this disease. Heredity is a chief cause. The offspring of consumptive and scrofulous parents are specially liable to it. Impure and confined air, want of healthful exercise, and insufficient food and clothing, are powerful contributory causes. The recession of moist cutaneous eruptions is thought by some to be a cause. I have no doubt that there is some connection between the disappearance of such eruptions, especially if about the head, and this disorder. It is frequently secondary to other diseases, especially to measles and whooping-cough.

Symptoms.—Dr. Robert Whyatt, of Edinburgh, whose admirable description of this disease was first published in 1768, two years after his death, divided it into stages, and his example has been generally followed by other writers. Not that there are distinct stages with sharply defined boundary lines; you are not to look for that, but rather for a gradual

*A Clinical Lecture reported in the New York Medical Journal, December 22, 1883.

change and succession of symptoms answering to the progressive character of the malady.

With this understanding, we will follow the usual course, and consider, first, a stage of invasion. From the standpoints of diagnosis and treatment, professional interest centers in this stage. He is a skillful diagnostician who, in the half-revealed and inconstant phenomena of the first days, can unerringly recognize the foe he has to meet. It is only at this time, too, that there is any hope at all of success from medical treatment.

You are called, then, to see a child between one and seven or eight years old, for this malady, like many others, is infrequent during the first year, and after the eighth or tenth the liability is greater to pulmonary phthisis than to meningitis. Perhaps the parents may have noticed that for some weeks, or even months, the child has been losing weight and color and spirit; that it has been easily fatigued and easily fretted; that it has been, for a child, too much inclined to silence and sadness; that it has been sleepy by day and restless by night. Frequently, however, these prodromous symptoms, if present at all, have not been sufficiently pronounced to attract notice.

The little patient does not seem to you to be very ill, but it has lost its usual animation and sprightliness, and it no longer finds pleasure in its toys. If old enough, it may complain of headache; if not so old, it may manifest its discomfort by carrying its hand to its head. It is apt to reel in walking, and it may be observed sometimes to come to a sudden pause and look about as if bewildered or surprised. When lying down it may cry out that it is falling, and beg to be taken up. These phenomena are doubtless due to vertigo. It inclines to drowsiness, and, when disturbed, is petulant and spiteful. When questioned, it replies in monosyllable, if indeed, it replies at all. Its very silence is ominous of the coming storm. It prefers darkness or rather twilight, to light, and instinctively closes its eyes and turns its face away when brought before a lamp or window. The eyes are unnaturally lustrous, and the pupils, even thus early, are apt to be contracted. The hearing is often morbidly acute, and loud noises are distressing. At night the sleep is fretful and disturbed. Grinding of the teeth is frequent from spasm of the masseter muscles. Twitching of other muscles is common, and there may even be general spasms. Indeed, at any period of the disease there is a liability to general convulsions, and occasionally they occur at the onset. The temperature is somewhat raised, but is probably not above 101°. Very likely the pulse is a little accelerated, though it is sometimes slackened even thus early.

Constipation is an early symptom, and usually attends the whole course of the disease, excepting, it may be, the very last days. In a few instances there has been diarrhœa at the beginning, but of short duration, and followed by abiding costiveness.

Another early and important symptom is vomiting. Often it is one of the first things noticed, and the child is thought to have a disordered stomach. It is repeated several times, in most cases during the first few days, and is sometimes so urgent as to interfere with nutrition. Raising the child from the recumbent posture frequently excites it. I would have you make note of the fact that vomiting is not present in every case, as has been asserted by some writers. I have known of several instannces in which it was altogether absent. Barrier found it absent in about a fifth of the cases observed by him. It does not ususlly attend the latter part of the disease, and frequently disappears after two or three days.

Though the general temperature is somewhat raised, the face is commonly paler than natural, excepting now and then when a transient redness steals over it. Such are the ordinary phenomena of invasion. Not all of them are present in every case and no one of them is specially characteristic. It is only through assiduous watching of the patient and weighing all the symptoms that you can arrive at an early diagnosis. The mistake is often made of pronouncing a commencing meningitis remittent or typhoid fever. Again and again I have committed this error, though resolving each time to be more wary in the future. The ophthalmoscope is sometimes employed for the early detection of the disease. When retinal congestion and miliary granulations within the eye can be demonstrated, all doubt is removed. But some cases of meningitis are unattended by retinal changes, and then this test is valueless.

But by the fifth or sixth day, if not sooner, the symptoms become so pronounced and characteristic as to compel a reluctant revision and correction of the diagnosis, if we have previously been mistaken. The inflammation, now fully developed, progresses rapidly. The headache increases. Children who are old enough often cry out, "My head, my head!" Why the pain should often be referred to the top of the head and the forehead, when the inflammation is mainly at the base, I do not know. In some instances the ear, the back of the neck, or curiously enough, even the abdomen, is the seat of excruciating pain.

Characteristic symptoms of this middle period are found in the pulse and respiration. Slowness and variability distinguish the pulse. A decline of twenty or thirty or more beats is not unusual, but it does not remain constant to any figure, being slower at one time and faster at another. It is also irregular as to rhythm and strength. In many cases there is a lapse of every fourth, or sixth, or eighth beat. It is affected by slightest causes, and a trifling movement or excitement will surprisingly increase its rate. The slowing of the pulse is not, I believe, present in every case; but variability and more or less irregularity are, so far as I know, constant symptoms at this period.

Irregularity and inconstancy also mark the breathing during this middle stage of meningitis. One moment the inspirations may be equal and natural, at another they may cease altogether, and that for so long as to excite fears of a permanent suspension of the function. This will be followed, perhaps, by a hurried gasping, as if to atone for time lost. Occasionally there is a deep and prolonged inspiration—a sigh. Yawning is likewise a frequent symptom. These peculiarities of pulse and respiration are doubtless due to the fact that the roots of the pneumogastric nerves are involved in the morbid processes.

The general surface of the body is pale—so pale frequently that it looks like white marble, while upon the cheeks and forehead, and perhaps the ears, appear, at irregular intervals, bright red and distinctly circumscribed spots of congestion. These spots upon the cheeks approach the circular in form, and are from an inch to an inch and a half across. They come and go in a wholly uncertain way.

Sometimes fugitive streaks of redness flit across the pale face, as fleecy clouds move over the face of the clear moon.

These spots of congestion are in striking contrast to the general pallor of the features, and contribute to give to some infants, while lying quietly in a stupor, a look of health not only, but of great beauty.

When awake, the child is oblivious as to its surroundings. At one time there may be a steady, fixed gaze into vacancy, and a well-guarded silence, giving place, when disturbed, to a spiteful look and a petulant cry; at another time there may be an active, garrulous delirium.

By degrees the eyes assume appearances that signal the work of destruction going on within the skull. One of these is a permanent squint affecting one or both. When in a stupor, the balls, turned upward under the drooping lids, may be seen to move with feeble oscillations. From time to time the lids lift and quickly fall again. The pupils, contracted at first, are now dilated, probably unequally so.

In many cases the extremities are very cold, while the extreme heat of the head is made evident to the hand, but these are not constant symptoms.

There is a curious and unexplained symptom mentioned by most writers; that is, retraction of the abdomen. The bowels seem to retire toward the backbone, making a deep, tray-like excavation, above which the iliac and pubic bones and the cartilages of the ribs rise up like promontories. This condition is spoken of as the "boat-shaped abdomen." It is said to be present at some time in almost every case, and may appear early or late in the disease. If there is coexistent tubercular peritonitis, it will, of course, be absent.

During this middle period of the disease many children utter at frequent intervals a solitary, sudden cry, half scream and half squeal, so peculiar and characteristic as to have received long ago the name of "hydrocephalic cry." Meningitic cry would be a better term.

Jerking of muscles, before alluded to as a frequent feature of the invasive stage, becomes more marked in this. Through it, counting of the pulse may be interfered with, and the face may be thrown into momentary grimaces. Tremors run through the frame, and tonic contractions cause rigidity of certain parts. Sometimes the head is drawn and held back, but to a moderate degree only, by stiffness of the nuchal muscles.

Gradually the increasing stupor merges into coma, paralyses of various parts supervene, and we pass, by insensible degrees, into the third and closing stage. General and special sensibility are now abolished, and the child can not be roused from its lethargy. The strabismus continues and the eye-balls become hazy, because no longer kept moist by winking. The pupils become more dilated, and entirely unresponsive to light.

Flakes of lymph collect on the margins of the lids and at the inner angle of the eye requiring frequent removal.

The pulse, but lately so slow and halting, is now bounding along at a reckless, but more regular and equal pace, making often in the last days from 150 to 200 strokes a minute.

The breathing, too, like the pulse, but later, becomes rapid and more regular. Toward the end it is apt to become very noisy from tracheal and bronchial râles. Convulsive and automatic movements continue in parts that are not paralyzed. Chewing and sucking, and up and down movements of a leg or an arm, are common. The sphincters of the bladder and rectum becoming paralyzed, the urine dribbles away, and an offensive looseness follows the constipation of the earlier periods. Hemiplegia sometimes occurs; I have known one leg and arm to lie motionless for some days before death. General convulsions are imminent, and may bring the sad scene to a sudden close. But in most instances death lingers. The coma and insensibility become absolute; the pulse disappears; respiration becomes more labored and noisy; a copious sweat stands upon the surface; the lividity deepens, and, after days of watching for the end, the child dies quietly. Authors assert that there is occasionally an unexpected waking from profound coma, when the little one recognizes its friends, and even handles its toys, but only to fall back, after a few hours at most, into a lethal sleep.

The ordinary duration of tubercular meningitis is between one and three weeks, but it may be so violent as to destroy life in two or three days, or so mild as to continue for many weeks.

The prognosis is the gravest possible. So few cases of recovery have been put on record that these have been considered by many as open to a suspicion of mistakes in diagnosis. It is true that trivial disorders of digestion do in some children create symptoms that simulate pretty closely those of meningitis, and that the cerebral and nervous phenom

ena of typhoid fever and pneumonia have often led practitioners into error. But the probability that attacks of real tubercular meningitis have been recovered from is strengthened by the fact that in quite a number of instances the children have subsequently succumbed to this disease or to phthisis pulmonalis. If we count all the reported recoveries as genuine the showing, after all, is but a sorry one. After the middle period, I think you will never be mistaken in prophesying a fatal ending.

A few words as to the *simple* or *non-tubercular* form. It is, as I before intimated, rare as compared with the other. It is as frequent in adults as in children, and, as it will be fully treated of from the chair of practice, I shall give but little space to it. It is less regular in its course than the tubercular form, and is frequently more rapid and violent. When it occurs from injury to the head, or from the extension of inflammation from other structures, as the ear, there may be almost at once convulsions and other symptoms of the fully developed disorder, and in three or four days, or even less, it may have run its fatal course.

The inflammation is apt to be more diffused than in the other form, and after death the convexities of the hemispheres and their inner surfaces are usually found overlaid with pus and fibrinous membrane. Associated with spinal meningitis, it sometimes occurs epidemically, attacking large numbers of persons of all ages and conditions.

While the mortality of simple meningitis is very large, the prognosis is less certain than in the other form, since mild cases do occasionally end in recovery.

Treatment.—We now come to the discouraging matter of treatment. Everything has been tried with pretty uniform unsuccess. Up to a recent date the methods pursued with tubercular meningitis were not only heroic, they were torturing. Bleeding, local and general; large blisters or croton-oil to the shaven scalp, and calomel, frequently in enormous doses—these were the agents employed to overcome and expel the demon. But they never did it, and most of the profession now advocate more humane if not more successful procedures. If you are so clever as to recognize the disease at its invasion, there is a little hope. The child should be kept quiet in a darkened room, and spared all occasion of annoyance and fretfulness. The diet should be as nutritious as the patient will take. Milk, cream, and meat broths are best. A hot foot-bath fortified with mustard lessens the cerebral congestion and soothes the child. I would use it as many as four or five times in the twenty-four hours. Keep the feet and legs warm by bottles of hot water, or other means.

Both reason and experience favor cold applications to the head. If there is a heavy growth of hair, it should be thinned, and cloths, not too thick, wrung from iced water and changed often as to make constant impression of cold, may be laid upon the head. When there is intense heat of the head, bladders of pounded ice may be applied. This is a powerfully depressing measure, and should not, I think, be used in infants or weakly children. When employed, some layers of cloth should come between the ice and the scalp.

Correct constipation by any agreeable laxative, but be chary of much physic, for the chance of success is not made better, but rather the worse, by hypercatharsis.

About the only drug that seems to have anything in its favor as making for recovery is iodide of potassium. Roeser suggested it in 1840. It has been extensively used since then with occasional benefit, or apparently so. Quite a number of cases of recovery under it, but discouragingly few as compared with the whole number of cases have been reported from entirely trustworthy sources. It should be early and continuously given in doses of from .12 to .3 gramme—2 to 5 grains. To relieve the headache and ward off convulsions, bromide of potassium is our best remedy. When there are extreme restlessness and discomfort, you will find it of service to combine chloral and bromide. Ordinary doses will often fail of appreciable effect. Give them boldly until your purpose in giving them is effected. Valerian, in fluid extract or other form, tends to quiet the muscular twitching and the general restlessness. In most cases it is better to dispense with opiates, since they increase cerebral fullness, constipation, and the growing tendency to stupor. But in certain cases the agony is so great that they may, and should, be freely used, even hypodermically.

By the early and persistent employment of such means as these you may possibly save your patient, and then, in your surprise, you will ask yourself whether, after all, your diagnosis was not erroneous.

The prophylactic treatment of tubercular meningitis promises more than the direct. To prevent so terrific a malady is better than to cure it, even if we could cure it. A child with inherited tuberculosis or scrofulous tendencies should be well looked after, especially if it begins to exhibit those vague but growing evidences of poorliness that are so often precursory to this affection. Cod-liver oil should be given, a half-teaspoonful or more t. i. d. The diet should be nutritious—the best that can be digested. Stimulants are in order—bourbon or brandy with milk. Mild exercises out of doors, that interest and amuse without fatiguing, should be provided. Change of air and scene is often of signal service. If there are moist eruptions about the head and face I would not attempt to dry them by local application, but rather trust them to disappear with the improvement in the general condition.

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THE FREE MEDICINE ABUSE.—There is some hope in the fact that not infrequent protests against the indiscriminate bestowal of medical charity, have recently appeared in some of our leading medical journals. We have heretofore freely expressed our opinion of this monstrous abuse, and subsequent attention to it has but served to intensify our indignation. We are now compelled to say that it is an evil which menaces the very integrity of reputable medicine, and that the medical journal which neglects or refuses to cry out against it with all the power at its command, is a recreant to the solemn duty it owes the profession. Our brethren in the country, and in the smaller towns and cities, know comparatively little of the effects of the abuse; it is the city doctor, and especially the young man struggling for an existence, who feels it and who is humiliated at the spectacle which he may daily witness at the free dispensaries, against which he must compete.

We have been so much pleased with a letter on the subject, in the Medical Record of 5th inst., that were produce it entire, not wishing to endanger its force by giving an abstract of it:

"*Sir*:—The letters recently published in the Record upon the abuses of medical charities, and especially the editorial comment on those letters, have brought to the front a subject of most immediate interest to practitioners. We are clinic-ridden and dispensary-ridden; our means of livelihood are taken from us, and the public is pauperized to an extent which is almost incredible. So great is the contest for "material" that all manner of inducements are offered to get people to receive medical charity. "Free dispensary," "free hospital," "and experienced physician sent free of charge to confinements," such are some of the advertisements which, in various languages, are displayed in the streets. People of the middle classes have become so accustomed to receive the best medical services for nothing, that it is no wonder they prefer the clinic to the physician's office. And it is a scandal to see some of the patients who frequent these clinics. I can vouch for the fact that in some of them, at all events, it is by no means uncommon to see "charity" patients kid-gloved and dressed in silk. And they must all be treated, and most carefully and tenderly treated, too; for the professor (who has a lucrative private practice) wants all the material he can get.

There are at least 111 institutions in New York City in which free medical attendance is offered practically to all who choose to apply for it. It is safe to say that the existence of fully one-half of them is an infringement upon the rights of a very large proportion of medical practitioners. Fully one-half of all the patients treated at these institutions could pay a fee and ought to pay one. Surely the prices for which some of us have to work are within the reach of the slenderest purse.

But a small minority of the profession is directly interested in keeping up and extending these institutions. Probably not over ten per cent. of the city practitioners are connected with them. I do not include the younger men, the assistants, etc., in my estimate—for they are compelled, merely as a matter of self-protection, to take part in them—and they recognize and feel, perhaps more than others, the injury that the system works. It is but another form of the old problem, the interests of the powerful few are opposed to those of the weak many. The problem has been solved in other spheres by the elaboration of one idea—co-operation; and that, I take it, is the sole thing that will help us here. Individual action is of small avail, but united protest may do much.

This it seems to me, is our only hope. If there

is displayed enough of unselfishness to permit of union for so desirable an object, much may be done to check an evil that grows in extent year by year, If there is not, why then, each man for himself, and "*væ victis*!"

It is hardly for me to say just what lines such a movement should follow; but I would suggest the following points.

1. Medical services should no more be gratuitous than are legal and clerical ones. A poor client can have a lawyer "assigned" to him; but he must apply publicly to the courts for it, and he must sue in a special manner, "*in forma pauperis*;" such services are very rare, and any claim for them is well investigated before it is allowed. Clergymen go as preachers and missionaries among the poor, but they get their pay, whether it comes from mission boards or from subscription lists. Hospital internes, dispensary physicians should be salaried officers, and the benevolent individuals who pose before the public as the main supporters of such institutions, could do so with a better grace when two-thirds of the charity does not come directly from the pockets of a few medical men.

2. Dispensaries, hospitals, free clinics are superabundant, pauperizing the people. Their extension is objectionable, and the existence of many of them is unjustifiable. The six large dispensaries have the whole city districted and covered by their physicians; every branch of medicine receives attention from them, and they might readily be made to supply the material necessary for clinical teaching.

3. Some system should be elaborated by which medical charity would be restricted to paupers. I distinctly claim that one-half, if not more, of all the free patients in this city are not paupers in any sense of the word; they would resent such an assertion, and they are no more entitled to free medical services than they are to free clothes, or free bread and butter.

Such, it seems to me, are the main points that demand attention. I trust to the expression of other views for extension, or, if need be, for correction."

Antiseptic Circumcision.—While the amputation of the foreskin as practiced by the Hebrews, is held to be a religious rite rather than a sanitary precaution, doubtless that astute old law-giver, Moses, had prominently before him the great benefit which it would exert among the "chosen people" as a prophylactic against venereal disease. We believe it to be a fact that such disease is comparatively rare among the circumcised. It is only occasionally that the debauchery of the Jew is followed by the reminders which admonish the gentile that "the way of the transgressor is hard." Of course the glans penis entirely innocent of preputial covering is not absolutely proof against the ravages of the syphilis microbe, nor is the urethra of the organ thus abbreviated absolutely secure against the entrance of gonococci. Of this fact not a few illustrations might be selected from among the modern Israelites, in whom there is guile, and some syphilographers, with that irreverence which science is said to foster, have pointed to the biblical description of the sufferings of some of the patriarchs, in support of their statement that syphilis was not unknown even among ancients who, barring a little lasciviousness, are very worthy exemplars.

But to return to Moses. Moses was a sanitarian who, when his opportunities are considered, was successful to a degree which has commanded the admiration of every succeeding age, even down to the present. But Moses knew nothing of Listerism. He was born too soon for this; and more's the pity, for had the antiseptic precautions of Listerism been promulgated under the authority of Moses, the deadly micrococci would, perhaps, long centuries since, have been stamped out. In that case what a millenium would we now be enjoying!

The neglect of antiseptic precautions in the performance of the rite of circumcision has been found to be followed by its natural consequences, and these consequences have of late years become so grave as to have aroused the attention of the Jewish Supreme Council. This body (whether inspired or not as Moses was, the record does not proclaim,) have amended the original plan of circumcising to make it conform with the requirements of modern antiseptic surgery, and have promulgated the following rules:

"1. The knife must be freshly polished and the forceps properly purified. 2. The quadrangular pillow employed, as well as the sausage-shaped ring, must be freshly renewed, and before every circumcision, covered with new gutta-percha tissue or new sarsanet. 3. The operator immediately before the operation, must carefully wash his hands with soap, and cleanse the nails with a good hair brush, taking peculiar care that no dirt be allowed to remain under the nails, more especially under those of the thumbs. The hands must, in addition, be washed in a five per cent. solution of carbolic acid. The operator is no longer to suck the wound, nor irrigate it with wine ejected from the mouth. Instead of this, the blood is to be removed by gently wiping the wound with pledgets of purified boracic lint dipped in wine. The wound is to be closed by being enveloped in a strip of ten per cent. boracic lint. The further removal of fluids and blood-clots is only to be effected by means of a new sponge previously soaked in a five per cent. carbolized solution or by salicylized lint. A medical man must be immediately called in if the hæmorrhage be considerable, and cannot be at once stopped, or if it be from an artery. Such authorized persons are forbidden to perform the rite, if suffering from any infectious disease, and until complete recovery has taken place."

We can't help thinking how much better and more euphonious would these amendments have been, had they been given forth in biblical phraseology!

A Health Insurance Company.—To the Editor of the Medical Age. Dear Sir: I take it for granted that no reputable physician will take umbrage at a review of his professional doings, and more particularly when such doings are of a public nature. I do not feel it necessary therefore, to apolgise for criticising in your columns any public professional act, of even your associate editors. These are gentlemen who, I am convinced, will not object to such criticism, and who are so amply able to defend themselves against attack, that I feel under no obligations to mince matters, when I refer to their professional acts.

In my opinion your two associates, who represent the Michigan College of Medicine, have lent their countenance and support to a scheme whose ethical propriety demands discussion. I refer to the scheme which the college has adopted for raising funds for the erection of a new hospital. According to it the public are solicited to purchase tickets of admission for $5 each. Each ticket entitles its holder to one year's board and treatment in the hospital, without further charge, should he be taken with sickness or meet with an accident within one year of the date of his purchase of it.

I am not sufficiently *au fait* with the letter of that palladium of professional rights, the code of ethics of the American Medical Association, to which all reputable physicians of this country have either formally or tacitly subscribed, to declare the relation which this scheme bears thereto. I do feel, however, that if the code sanctions any such scheme it is not an exponent of the higher type of ethical conduct, which insists on even-handed justice between man and man. Is it not enough that our colleges should throw open the doors of their dispensaries and give free advice and medicine to all comers, practically regardless of their financial condition? By doing this they not only rob the profession of its legitimate income and encourage pauperism and deceitfulness in the masses, but they depreciate their honorable calling. This is, in all conscience, bad enough, but it is tolerated on the specious plea that clinical material must be had for the young men who are to take our places when we are gone.

Of course we must provide for the dear public when we are gone. It would be cruel to leave them without doctors, and we, therefore, grin and bear the drafts on our own legitimate income in order that these doctors may be supplied. The plea of humanitarianism used to be urged as an excuse for these dispensaries, but, to the honor of the colleges be it said, this hypocrisy is no longer indulged in. The dispensaries we shall have with us always, but what excuse is there for this new scheme of spoliation, through which a worse draft than is possible through the dispensary, is to be made on our resources. The excuses which are urged in the extenuation of dispensaries cannot be made to apply here. The Michigan College of Medicine proclaims to the world that it has a great abundance of clinical material (see announcement). There is no excuse in charity for the scheme, for paupers are not the class who are solicited to purchase the $5 tickets.

This scheme has been in successful operation in other parts of Michigan, but those engaging in it have heretofore, by general consent, been voted charlatans and quacks. Query: Will its adoption by the Michigan College of Medicine elevate it from the domain of quackery, or will such adoption drag the college down to the level of quackery? One or the other of these outcomes is an inevitable logical conclusion.

I know, dear editor, how you chafe under a long communication, and will therefore, reserve a consideration of the effects of the above scheme on professional interests for another time. The limited space to which I am confined, has moreover, prevented such use of verbiage as is customary in the statement of unpleasant propositions, and herein lies my excuse of my blunt directness, which excuse I feel will be quite satisfactory to the gentlemen immediately concerned.

S. U. B. Scriber, M. D.

The Michigan State Board of Health.—The regular quarterly meeting of the Michigan State Board of Health was held in the office at Lansing, Michigan, Jan. 8, 1884, the following members being present: Jno. Avery, M.D., of Greenville, president; J. H. Kellogg, M. D., of Battle Creek; Victor C. Vaughn, M. D., of Ann Arbor; C. V. Talor, M. D., of Bay City; and Henry B. Baker, M. D., secretary.

The recommendations to the warden of the State House of Correction, by Dr. Jno. Avery, committee on buildings, ventilation, etc., under date of Sept. 7, 1883, for improving the ventilation of the shops at the State House of Correction, at Ionia, were ordered printed in the next Annual Report.

The secretary read a resumé of recent work of other boards of health; also, a summary of the work of this Board during the last quarter, which showed that a successful sanitary convention had been held at Ionia; that partial arrangements had been made for holding one at Hillsdale; that the proceedings of the Muskegon, Pontiac, and Reed City conventions had been printed; that special meetings of this Board had been called at the State Reform School to examine plans for a new building; at Detroit to attend American Public Health Association; and at Ionia at the time of the Convention; that a leaflet on contagious diseases had been translated into French, Danish-Norwegian, and Swedish, for general distribution among citizens of Michigan who speak those languages; that a very general distribution of circulars on communicable diseases and on the work of health officers had been made to the health officers of cities, villages and townships in Michigan; that similar documents were distributed at Ionia, and at the State Teachers' Association; that circulars, blanks, etc., had been sent to health officers and clerks of all cities, villages and townships in Michigan for their annual report, including that of the diseases dangerous to the public health;

that notice had been sent to health authorities in several parts of the State warning of the shipment of diseased cattle into such localities; that the regular distribution of weekly bulletins of sickness and of meteorology, the yearly distribution of material for meteorological reports, and the quarterly distribution of blanks to observers of diseases had been made.

The secretary presented reports from Dr. Hazlewood who as committee of the Board attended the Sanitary Convention at London, Ontario, and the meeting of the Board of Corrections and Charities, at East Saginaw. In connection with the first report, Dr. Hazlewood described the water supply of that city (London), and the secretary, who also attended the convention, described a visit to the Asylum for the Insane near London, Ontario.

By request of the State Board of Corrections and Charities, committees were appointed to examine and report on the sanitary condition of jails, asylums, etc., in several counties in Michigan.

Drs. Avery and Kellogg were appointed a committee to investigate and report at the next regular meeting on the sewerage, ventilation, etc., of the Capitol building.

A committee, consisting of Drs. Baker, Kellogg, and Vaughan, were appointed to examine and report on the sanitary condition and needs of the State Reform School and surroundings.

Dr. Kellogg presented and read portions of a very interesting report on the present knowledge respecting diphtheria, which will be published in the next Annual Report.

Considerable discussion occurred over the examination of text books on physiology and hygiene with reference to alcohol and other narcotics. Only four books had been presented for examination. The committee reported relative to these books, and asked to be discharged; but the committee was continued, and Prof. Vaughan added to it; it was directed to confer with a similar committee from the State Board of Education, and it is to report again at the next regular meeting of the Board, April 8. It is hoped that publishers of school-books will give early attention to this subject, and that more than one book can be approved at that time.

On the Treatment of Hay Fever and Allied Disorders.—In a very valuable paper on this subject in The American Journal of the Medical Sciences, for January, 1884, Dr. Harrison Allen claims that the means of effecting the cure of this disease, hitherto considered incurable, is simply to overcome the tendency to obstruction in the nasal chambers.

The symptoms of hay fever are always associated with some degree of obstruction of one or both nasal chambers. A cause of this obstruction is dilatation of the blood-vessels. There is no doubt that the local phenomena are in most instances the same, and the multiform related symptoms, such as injection of the eye, headache, malaise, asthma, etc., are due to reflex vaso-motor disturbances. But many patients report for treatment who exhibit swelling of the nasal mucous membrane, occlusion of the respiratory passages, and mucoid or semi-purulent discharge, without any of the related reflex phenomena. Yet a third and intermediate group exhibit perhaps a tendency to turgescence of the mucous membrane, together with one or more of the more common constitutional symptoms of typical hay-fever. Indeed, there is nothing peculiar to the disease just named save its sharply defined periodicity, particularly in that phase of it where the periods of recurrence happen to coincide with the time of fruitage of certain plants, or the gathering of certain crops. In a small group of cases, where, in addition, other signs and symptoms became prominent which would invalidate the above proposition, Dr. Allen is inclined to attribute them to mental impression,—in some of the varied phases of hysterical or neurotic excitement.

Or the case may be stated in different language, as follows: In an imperfectly defined group of cases of nasal catarrh, a sensation of sudden obstruction of one or both nasal chambers is a conspicuous symptom. This sensation is accompanied by a constant change in the chambers themselves, viz., engorgement of the membranes over the turbinated bones, producing pressure against the septum and occlusion of the respiratory passages of the nose. The sensations are recurrent, but vary greatly as to the time of the day or the season of their return. With some patients they are nocturnal, and are associated with the recumbent position; with others they occur after meals only; with some they occur in the summer season; with others yet again, in the winter. The sensations may be confined to either chamber, or be present in both. In aggravated cases they are associated with numerous reflex symptoms, among which may be mentioned lachrymation and hyperæsthesia of the conjunctiva, headache, and asthma. Patients having a disposition during the summer and autumn report themselves as suffering from "hay-fever;" while those having alternating attacks in the right and the left chambers report with "nasal catarrh."

The cases so far studied exhibit one feature in common, viz , that the inferior turbinated bones lie well above the plane of the floor of the nasal vestibule. In many persons, not the subjects of "hay-fever" and allied disorders, the lower free portion, including, of course, the inferior border of the bone, lies below the plane of the floor of the nasal vestibule; and in ordinary inspection the inferior meatus is out of sight. It will thus be seen that the mucous membrane, which is known to be the most erectile is also the most exposed to irritation from extraneous substances, and to changes in the temperature of the surrounding air.

The conclusions to be drawn from the study of the six cases reported by Dr. Allen may be summarized briefly as follows:

(I) That the treatment of all conditions of ob-

struction in the nasal chambers, no matter from what cause arising, can be successfully carried out by destroying the causes of obstruction. If the cause be an over-growth of bone-tissue, it must be filed, sawed, or drilled away. If it be caused by a deviated cartilaginous portion of the septum, such portion must be re-set in a new place. If, as is often the case, it is due to periodic turgescence of the mucous membrane or the resulting secondary hypertrophies, such growths must be destroyed, either by the galvano-cautery, by the snare, or by caustic acids.

(II) That the treatment of hay-fever and all allied periodically recurring nasal affections in no way differs from the treatment of other nasal diseases accompanied by obstruction, and that the treatment may be conducted during an attack as well as in the intervals between any two attacks.

Influence of Science on Religion.—Herbert Spencer in the Popular Science Monthly for January: While the beliefs to which analytic science leads are such as do not destroy the object-matter of religion, but simply transfigure it, science under its concrete forms enlarges the sphere for religious sentiment. From the very beginning the progress of knowledge has been accompanied by an increasing capacity for wonder. Among savages, the lowest are the least surprised when shown remarkable products of civilized art, astonishing the traveler by their indifference. And so little of the marvelous do they perceive in the grandest phenomena of Nature that any inquiries concerning them they regard as childish trifling. This contrast in mental attitude between the lowest human beings and the higher human beings around us is paralleled by the contrasts among the grades of these higher human beings themselves. It is not the rustic, nor the artisan, nor the trader, who sees something more than a mere matter of course in the hatching of a chick; but it is the biologist, who, pushing to the uttermost his analysis of vital phenomena, reaches his greatest perplexity when a speck of protoplasm under the microscope shows him life in its simplest form, and makes him feel that however he formulates its processes the actual play of forces remains unimaginable. Neither in the ordinary tourist nor in the deer-stalker climbing the mountains above him, does a Highland glen rouse ideas beyond those of sport or of the picturesque; but it may, and often does, in the geologist. He, observing that the glacier-rounded rock he sits on has lost by weathering, but half an inch of its surface since a time far more remote than the beginnings of human civilization, and then trying to conceive the slow denudation which has cut out the whole valley, has thoughts of time and of power to which they are strangers—thoughts which, already utterly inadequate to their objects, he feels to be still more futile on noting the contorted beds of gneiss around, which tell him of a time, immeasurably more remote, when far beneath the earth's surface they were in a half-melted state, and again tell him of a time, immensely exceeding this in remoteness, when their components were sand and mud on the shores of an ancient sea. Nor is it in the primitive peoples who supposed that the heavens rested on the mountain-tops, any more than in the modern inheritors of their cosmogony who repeat that "the heavens declare the glory of God," that we find the largest conceptions of the universe or the greatest amount of wonder excited by contemplation of it. Rather, it is in the astronomer, who sees in the sun a mass so vast that even into one of his spots our earth might be plunged without touching its edges; and who by every finer telescope is shown an increased multitude of such suns, many of them far larger.

An Insult to the Profession.—A deliberate attempt on the part of any commercial company to belittle and disparage the medical profession should be met with determined resistence by the profession; and such a company should be made to feel that nothing can be gained pecuniarily by action of that kind.

The Medical and Surgical Reporter declares that an important AtlanticCarrying company is guilty of such an attempt, which it has continued after repeated and urgent, though always respectful, protests have been made it by numbers of physicians. The company referred to is the Red Star Line Atlantic Company, sailing between Antwerp, in Europe, and Philadelphia and New York, in the United States—Peter Wright and Sons, agents in the last mentioned cities. Though sailing under the Belgian flag, its ships are mainly owned by American capitalists, and most of its officers are Americans.

Its action protested against is briefly as follows: All passenger steamers are obliged by law to carry medical officers—ship surgeons. In every line except the above, the surgeons are assigned quarters and mess with first-class passengers. Both as members of a learned profession, as officers, and by custom, they are justly entitled to this. Within the last year the Red Star Line has ordered its surgeons to mess at the second class table, and ranks them in other respects as second-claas passengers. This is an insult which has been keenly felt as such by all its medical officers; some have resigned in consequence, others have waited, trusting that the remonstrances of members of the profession to the company would have some effect. So far from this, the Red Star Line has added another insult to the profession, by passing over its protests with contemptuous silence.

Our contemporary appeals to the medical editors of the United States, to our Medical Societies, and to physicians individually, to unite in forcing this company to respect the profession of their medical officers, and to place them on an equality with the first-class passengers. Until this is done, it trusts that every physician will not only refrain himself from selecting this line, but will recommend others in its place. The niggardliness which must be its

motive in thus insulting the profession, cannot fail to show itself elsewhere, to the detriment of the line. There are plenty of other lines, just as cheap, just as safe, in many respects more pleasant and better appointed than the Red Star Line, and they do not put their medical officers in a position wounding to their self-respect and derogatory to the proper rights of the profession. It asks the attention of all to this matter, as one which touches the interest of all.

While we sympathize with our contemporary in its indignation we do not regard the subject as one which calls for united professional action. The matter is one which should more properly, in our opinion, be restricted to the steamship company and the surgeons whom they employ. Every employer has the right, in equity and in law, to impose such conditions, of the nature mentioned, as he may see fit. He cannot, however, compel their acceptance, and it would be much more manly for surgeons to refuse positions in the Red Star Line while the obnoxious rules remain, than to accept them "under protest" and to keep up a whine at the indignity which they are made to suffer. The surgeon whose manhood or *esprit de corps* is of such a grade as to permit of his acceptance of a position under the conditions named, has no claim on the sympathy of his professional brethren. If there were no cravens or lick-spittles in the profession, the Red Star Line would either rescind its obnoxious rules or run its vessels without surgeons. Let the indignation be vented on those who accept service under those rules rather than on those who impose them.

Michigan Medical Act.—The Attorney-General of this state has given a decision, which evolves out of that chaos known as the Michigan Medical Act, a modicum of order. The language of the Act covering the limitation of the time during which registration is permitted, is too plain to admit of ambiguity as to its meaning. Its very plainness is the cause of the embarrassment which it had commenced to produce and as a relief from which a decision of the Attorney-General was requested by Dr. Baker, secretary of the State Board of Health. In unequivocal language it states that no registration may be had after December 6th, last. It is not reasonable to suppose that this was the intention of the Act, and the following decision makes it appear that it will only be illegal to practice without registration after that date:

"The act after declaring the necessary qualifications for the practice of medicine in this state requires that persons so qualified should, within three months after the new law took effect, file with the county clerk a statement therein set forth. The three months after the law took effect, as specified in the statute, is simply a limitation of time beyond which no person could lawfully practice medicine without being registered.

The person who failed to register within that time, but practiced as a physician, made himself liable to the penalties prescribed in the act, and is also barred by section four of the act from recovering pay for professional services rendered subsequent to the time when he should have registered and prior to the time of his compliance with the law. A removal to another county would necessitate a new registration."

The Causes of Deteriorated Eye-Sight.—Samuel Yorke At Lee, in the Popular Science Monthly for January: The causes to which this deterioration of eye sight has been attributed are alleged to be cross-lights from opposite windows, light shining directly on the face, insufficient light, small types, and to the position of the desk, forcing the scholar to bend over and bring the eyes too close to the book or writing-paper, etc.

But, were all these defects remedied, the integrity of the eye would not be restored nor its deterioration prevented. The chief causes of the evil would still remain. These are the colors of the paper and ink. White paper and black ink are ruining the eye-sight of all reading nations. The "rays of the sun," says Lord Bacon, "are reflected by a white body, and are absorbed by a black one." No one dissents from this opinion; but, despite these indications of nature and of philosopy, we print our books and write our letters in direct opposition to the suggestions of optical science.

When we read a book printed in the existing mode, we do not see the letters, which being black, are non-reflective. The shapes reach the retina, but they are not received by a spontaneous, direct action of that organ. The white surface of the paper is reflected, but the letters are detected only by a discriminative effort of the optic nerves. This effort annoys the nerves, and when long continued, exhausts their susceptibility. The human eye can not long sustain the broad glare of a white surface without injury. The author of "Spanish Vistas," in Harper's Magazine," says of Cartagena that "blind people seem to be numerous there, a fact which may be owing to the excessive dazzle of the sunlight and the absence of verdure." Mr. Seward, in his tour around the world, observed that "in Egypt ophthalmia is universal," attributing it to the same "excessive dazzle" of the wide areas of white sand; and the British soldiers, in the late campaign in that country exhibited symptoms of the same disease. In the Smithsonian Report for 1877 it is stated, in a paper on "Color-Blindness," that "M. Chevreul has produced 14,420 distinguishable tints of the elementary colors, from which the paper manufacturers could select colors more agreeable to the eye than the dazzling white, so weakening and lacerating to the nerves of that delicate organ."

Constant Crying in an Infant.—Dr. Theophilus Parvin touched, in a recent clinical lecture, published in the College and Clinical Record, on this subject—one usually held to be scarcely worthy of the physician's notice, but nevertheless import-

ant. The child under examination was four months old, and had cried night and day since its birth.

As a dog hunts in dreams, so this poor child, if it ever dreamed in its sleep, dreamed of crying, of pain and discomfort. It was hard, impossible, indeed, to keep it still during the examination made to ascertain if there was any diseased organ making complaint in its crying. Having found that the child is not suffering with positive disease, the next question is as to its nourishment. The mother said she had plenty of milk, quite as much as she had with her first babe, which got on well. Nevertheless this babe did not seem as large and as plump as it ought to; and though the quantity of milk was ample, was its quality such as it ought to be? Putting a drop on his finger-nail held obliquely, and letting the milk run down the nail, the doctor found it scarcely left a trace; again, dropping it in a tumbler of water, each drop, as it fell, caused the faintest cloudiness. Finally a clinical assistant, made an examination with the microscope, and found the number of milk globules was very small. Thus a solution of the problem was reached; the infant was crying from hunger, and from hunger it had been crying for weary months. That this solution was correct is proved by the result of feeding the baby. In a few days it became quite happy and improved in appearance. The artificial food given this infant was cow's milk diluted with an equal quantity of barley water, and a little loaf sugar added. The practice of diluting cow's milk with water for infant feeding is, Dr. P. believes, a grievous mistake. That sort of dilution has simply rendered the milk less nutritious, and made it necessary to give a larger quantity of food, and at more frequent intervals, in each way impairing the child's digestive power. In this case, not water, but barley water was added to the milk. So much depends upon having the barley water properly prepared, that a word about this preparation is necessary:

Take an ounce of pearl barley, and wash it in cold water, then put it in a vessel containing half a pint of water, and let it be gently heated over the fire, so that the water just simmers a few minutes; now pour off this water, replace it by a pint and a half of water, and boil down to a pint, and you then have barley water.

Blisters in the Treatment of Acute Rheumatism.—In the November 25th, 1882, issue of the Michigan Medical News, we gave an account of a new plan of treatment of acute rheumatism recommended by Dr. Alexander Harkin, of Dublin. It consisted simply in the application over the heart of a large blister, and it was claimed by Dr. Harkin that with rest and this blister, the results were more satisfactory than those following the internal exhibition of drugs. The theory on which this treatment was based, or rather its results explained, is that rheumatism is a specific form of endocarditis, of neuropathic origin, generally allied with myocarditis, which "in its unchecked progress speedily modifies the composition of the blood, the innervation and calorification of the body and, in its ordinary course, giving rise to lesions in the textures, the joints, the pericardium, pleura, neurilemma, the meninges of the brain, etc." By aborting the endocarditis, as he hoped to do with the blister in the early stage, he claimed that he prevented the development of the rheumatism. We had seen no report of experiments conducted with a view to test these claims until that by Dr. Francis P. Kinnicutt, in the Medical Record, of 8th ult. Dr. Kinnicutt gives a detailed report of five cases treated after the plan of Dr. Harkin, and a study of these cannot be said to corroborate the latter's claims. Dr. K. states specifically that his experience in the cases treated has wholly failed to convince him of the power of a blister over the precordium to control, on the one hand, the endocardial affection, or on the other to affect the severity of the arthritic symptoms and the degree and duration of the pyrexia.

Medical Supply and Demand.—The Medical Record gives the following which may have in it a crumb of comfort for those who are inclined to take a pessimistic view of affairs medical in this country:

Statistics show that among 1,000 doctors the number of deaths annually ranges between 15 and 25. At this rate the number of deaths annually among the 90,000 medical men of this country would be an average 1,800. Among the 14,000 physicians of Austro-Hungary the annual death-rate is said to be about 320. If the same ratio existed in this country, the number of deaths annually would be slightly over 2,000. Probably the actual figure is not far from 1,800. On the other hand, the number of medical graduates in 1882–3 was 3,979, or nearly four thousand, and more than double the estimated number of deaths. Account must be taken of the number of physicians who actually retire from practice, and on the other hand of the number of graduates who never enter the practice of medicine. The annual increase of population is probably over a million.

An increase of a million a year in the population would make room for about 1,500 more doctors annually. This number added to the 2000 removed by death makes 3,500, or about 500 a year less than the actual supply. Not so bad after all, but still bad enough.

Charcot's Creed.—In response to an address at a banquet given him on the occasion of his election as a member of the Academie des Sciences, Professor Charcot took occasion to enunciate his creed, as follows: "If I believe firmly that there exists in medicine a domain which pertains entirely to the physician, which he alone can cultivate and fructify, and which must necessarily be closed to the physiologist, who, systematically confined to his laboratory, disdains the instruction of the hospital wards,

I no less firmly believe that the free intervention of the anatomical and physiological sciences in the affairs of medicine is an essential condition to its progress. I believe that practical medicine is not a real autonomy; that to live it must borrow; that without a constant scientific renovation it would soon become a dull routine. I think, finally, that as regards the qualities of quick-sightedness, ingenuity, and practical skill, which all have to be perfected by use, and are not bestowed in completeness by nature, these are as much needed by the pathologist as by the clinician. This, very briefly, is my *credo*. I have always held to it, and I must always continue to do so."

EASY WRITING.—The following is one of those glittering generalities for which the Lancet is credited with wisdom. It is, we may remark, quite opposed to Carlyle's dictum that no brain work which is not the outcome of effort will live; the case is, of course, different with a growing brain: Brain tension is not a proof of strength, but of weakness. The knit brow, straining eyes and fixed attention of the scholar are not tokens of power, but of effort. The intellectual man with a strong mind does his brain work easily. Tension is friction, and the moment the toil of a growing brain becomes laborious, it should cease. We are, unfortunately, so accustomed to seeing brain work done with an effort that we have come to associate effort with work, and to regard tension as something tolerable, if not natural. As a matter of fact, no man should ever knit his brow as he thinks, or in any way evince effort as he works. The best brain work is done easily, with calm spirit, an equable temper and a jaunty mood. All else is the toil of a weak or ill-developed brain straining to accomplish a task which is relatively too great for it.

ALBUMEN IN THE URINE.—The Weekly Medical Review: The unsatisfactory way in which examinations are sometimes made for the determination of albumen in the urine, and the necessity of knowing how frequently cetrain circumstances may puzzle the unwary, we introduce the conclusions of Chateaubourg on the subject; they are taken from Dr. Millard's book on Bright's Disease, and are the result of a great number of examinations made under the most favorable circumstances: 1. Albumen is found in the urine of the majority of healthy persons, more or less abundantly, and transient in its character. 2. Rest in bed has a clearly marked influence in diminishing the amount of albumen excreted. 3. Bodily fatigue greatly influences the production of physiological and transient albuminuria. 4. Intellectual labor augments with most people the quantity of albumen existing in the urine. 5. Cold bathing exerts considerable influence in increasing physiological albuminuria. 6. Sexual excitement and menstruation manifestly affect albuminuria in the healthy. 7. Albuminuria is as frequent in children as in adults, but the quantity of albumen excreted is less. 8. Digestion if accompanied by rest, does not exert much influence upon physiological albuminuria.

ST. JOHN LONG'S LINIMENT.—Medical Times: This old-time liniment is still in use at the Pennsylvania Hospital, in this city, for stiff and rheumatic joints, and in general for cases in which a local stimulant and rubefacient effect is desired. Mr. Jacob Hecker, Ph. G., the apothecary of the institution, uses the following formula:

℞ Vitelli ovi, no.....viij
Olei terebinthinæ,.....f ℥ xxiv;
Acidi acetici,.....f ℥ xvj;
Aquæ,.....f ℥ xxiv.
M.

The directions for its preparation are as follows: To the yelks, in a gallon-bottle, add a small quantity of the water, and shake briskly together; then add the turpentine in successive portions, shaking the mixture briskly after each addition; then add the acetic acid, and lastly the water, in the same manner. For private practice the liniment is greatly improved by the addition of one drachm of good oil of lemon to each pint.

A FORMULA FOR KOUMISS.—J. F. Hayes, druggist, communicates to the Medical and Surgical Reporter the following formula for Koumiss:

I enclose you a formula for koumiss as follows, for family use: Take of milk one quart, ¼ of a teaspoonful bicarb. soda, 1-9 of a cake of compressed yeast, two tablespoonfuls white sugar, three tablespoonfuls glycerine. Rub the yeast up smoothly with a small portion of the milk, and mix all together in a quart bottle, cork tightly, and keep in a temperature from 80 to 100° Fahr. for six hours, then in ice-box for twelve hours, and use.

This is the easiest method I have tried, and I think it will suit very well for domestic purposes, but it differs from most formulæ published.

CHARCOAL-AND-CAMPHOR DRESSING FOR WOUNDS.—Medical Times: Barbocci (in *Raccoglitore Medico*) recommends a mixture of equal parts of camphor and animal charcoal as a substitute for Lister dressings. The camphor acts physiologically in destroying microbes, the charcoal physically by absorbing and disinfecting the discharges. This is especially useful in old, excavated ulcers; the application removes fetidity and also relieves pain,

CHLORATE OF POTASSIUM IN FOUL AND MALIGNANT ULCERS.—According to the College and Clinical Record, Professor Bartholow teaches his class that chlorate of potassium, in impalpable powder, dusted on the cleansed and dried ulcer of epithelioma will cure the disease. It is also serviceable in rodent ulcer, and he considers it superior to iodoform for chancroid ulcers.

More music in Louisville. Dr. Reeves, Secretary of the West Virginia Board of Health, gave, in an address before the recent meeting of the American Health Association, in this city, bona fide extracts from correspondence between a medical student and a certain medical college, whose name he withheld. These extracts were given to support his declaration that medical colleges are run for their individual interests, rather than the professional good. A Louisville medical journal undertakes to supply the name of this college, and declares it to be that of one located in that city. A local cotemporary says in reply, that "near eighteen hundred and thirty-nine, the Devil got stuff to make a swine, and fixed it on a handle; but afterwards he changed his plan—made it to something like a man, and called it Lunsford Yandell." It furthermore says "that the college has been assailed by as able a body of perjurers, mendacious scribblers, and unscrupulous slanderers as exist in the land, but uninjured and unhurt it has pursued the even tenor of its way until it stands now among the foremost medical schools in the world." It is needless to state that these two journals are, respectively, the representatives of two rival colleges. Of course their little pleasantries of language toward each other, are indulged in only the Pickwickian sense. Were it otherwise, the available material for editors in their enterprising burgh must long since have become extinct. Funny fellows, these Louisville editors, and the profession must not be too hard on them. They make an exceedingly interesting study.

The Medical Record Almanac, for 1884, which it issues as a supplement to its January 5th number, is at once a very unique conceit and a very beautiful specimen of the lithographer's art. Each corner of the sheet contains a representation of an era in the physician's career. The first shows him at work with scalpel on a cadaver, being directed in this cutting by a venerable looking professor whom it would be no stretch of imagination to believe, from the picture, to be Dr. Samuel D. Gross. At another corner we see a man in a gig driving a jaded horse through a blinding snow storm—an extremely realistic picture. This is the general practitioner. Again there is a pleasant office in which sits a well-dressed man examining another's throat with a laryngoscope. The air of warmth and ease and luxury in this picture is in very marked contrast with the foregoing. It is needless to say that this is the office of the specialist. At the lower corner sits one whose hair rivals in whiteness the snow which envelopes the general practitioner referred to. The room in which he sits is bright and cheerful and the features of the old man are placid, and beam with that look of happiness and contentment which is the result alone of a life well spent. The ruling passion is still strong, and his hand rests thoughtfully on a skull, on the table before him. The inscription on this picture is the word "Retired." These four panels speak volumes and the Almanac would be an embellishment to the walls of a physician's office.

An institution called "The College of Midwifery" was some time ago established in New York, and the promises which it made and the endorsements which it received from gentlemen of eminent respectability, professional and social, won for it recognition and praises in all quarters. Latterly, however, it has been detected in the circulation of confidential propositions to physicians, in which it offers a certain percentage of the proceeds from such business as those gentlemen may send it. For each student sent it would pay $10; for each patient, 25 per cent. on all operations; for each patient sent to maternity $10 to $25; and the entire fee to those who send in patients whose confinements they themselves attend. This conduct has been denounced and all the good things said of the institution taken back, by those (some of them at least) in whose eyes it had found favor. It is considered unprofessional to make such offers as a means of enhancing the revenues of the new institution, even though the arrangement might be mutually profitable, as between the college and the physician. So it is considered even in New York under the new code, although we do not at this moment recall any provision against it in either code. There is an unwritten code which is more pervasive than any that can be written.

The North Carolina Medical Journal frankly admits that were it not for the support which it receives from advertisers, it could not survive. This fact both argues an incomprehensible unappreciativeness on the part of the profession of North Carolina for a good journal, and redounds to the credit of the business men who thus come to the aid. We believe that our contemporary is not alone in its condition of dependence on advertising patronage, and yet there are those in the profession who affect to feel hurt at the fact that medical journals carry advertisements. A new journal recently issued, indeed caters to this feeling by announcing as a special claim to favor the fact that it "contains no advertisements and is devoted exclusively to the interests of the profession." Were it not for the assistance thus rendered, medical men would have to pay much higher prices for their periodicals than those now ruling. This fact, taken in connection with the value which there is actually in advertisements themselves, places the profession under greater obligations to advertisers in their journals, than they are usually disposed to admit.

Dr. Roswell Park announces in the December 29th, ultimo, number of the Weekly Medical Review, his complete withdrawal from the editorship of that journal. On his removal from Chicago to accept the professorship of surgery in the University of Buffalo he was obliged to delegate a large share of his editorial duties to Dr. Robert Tilley, who now succeeds him. Dr. Park has made a record which he may well regard with pride, and his retirement must be sincerely regretted by all who appreciate a dignified, impersonal journalism, devoted to the higher interests of the profession.

The following certificate was copied verbatim by Dr. P. S. Conner,of Cincinnati, from the files of the Pension office at Washington, and published by that gentleman, as something too good to be lost, in the Lancet and Clinic: The braud muscle which compresses, lower and extends the linea alba, the muscle of expiration is entirely severed thereby affecting the Scorbutus Cordi, which goes straight up to the navel or umbilicus, and from thence down to the pubis which is evidently the primordial cause of the frequent abscesses of the scrotum. Also from the fact of increased attachment necessarily causes increased cicatrix which is constantly increasing, and hence the increase of all the detrimental symptoms.

The Kansas City Medical Record Vol. 1, No. 1 has been laid on our table. It gives 42 large octavo, double column pages of reading matter, on good paper and clear type. Its appearance and general get-up impresses the belief that it has come to stay, as it deserves to. Drs. A. L. Fulton and G. Halley are its editors and proprietors. They are, in their own language "at the threshold of editorial work" but promise that "neither time nor labor will be spared to make the Record an efficient medium through which the scientific, ethical and social interests of the entire profession will be faithfully represented." This is a good platform.

The Lancet gives a list of thirty more or less prominent members of the profession, who last year paid their debt to nature. This payment they delayed so long as to furnish an argument for the belief that the practice of medicine is favorable to longevity: Two had completed ninety-five years of life; two, ninety four; two, ninety-two; one ninety-one; two, ninety: one eighty-nine; three eighty-eight; three, eighty-seven; five, eighty-six; two, eighty-five; three, eighty-four; four, eighty-three; one, eighty-two; and four, eighty.

An examination of the Detroit sewers has discovered a "fermenting mass of organic matter." At the terminus of one main sewer this mass has attained a depth of over six feet. Perhaps now something else will be done towards checking the spread of diphtheria in our midst than placarding the houses in which cases occur. It is almost incredible that diphtheria should have raged here for over two years without any attention being paid to the condition of the city's sewerage.

Sir James Paget defines the essentials of healthy exercise to be "uncertainty, wonder and the exercise of skill." A more admirable definition it would, indeed, be difficult to conceive. A percentage of risk or danger is necessary to give zest, but it is so small in hygienic exercise as to hardly merit being taken into account. At all events it is covered in the term "uncertainty." The sawing of cord-wood, which some utilitarians would substitute for boys' games, hardly meets the requirements of this definition.

The North American Review, for February, has the following table of contents: Corporations, their Employés and the Public, by Carl Schurz; Henry Vaughan, Silurist, by Principal J. C. Shairp; John Brown's Place in History, by Senator J. J. Ingals; Must the Classics go? by Prof. Andrew F. West; Race Progress in the United States, by J. R. Tucker, M. C.; Defects of the Public School System, by Rev. M. J. Savage; Rival Systems of Heating by Dr. A. N. Bell and Prof. W. P. Trowbridge.

"The Æsculapian" is the name of a monthly medical journal the first number of which had been laid on our table. Externally its appearance invites attention to its interior, on entering which one's expectations are not disappointed. It is made up of original articles, abstracts, proceedings of societies, and has a department of "miscellany" devoted to notes, news, gossip, etc. Dr. E. J. Bermingham, formerly of the Medical Gazette, is its editor. Terms $2.00 a year. We wish it well.

An offer having been recently made to the municipal government of Paris, to perform the dental operations in the city hospital free of charge, it was respectfully declined with the following addendum: "The privileges of a democratic community are to pay every body for the work which he does." We should like to record such a fitting rebuke given the disinterested humanitarians who struggle for the privilege of donating their services, in this country. They do those things much better in France.

Messrs. Billings, Clapp & Co., wholesale druggists and manufacturers, of Boston, were recently fined for selling a tincture of opium which did not conform to the standard fixed by the U. S. Pharmacopœia. They have appealed the case to the Superior Criminal Court. The point involved is whether the U. S. P. is a legal authority in such matters.

Soon it will be Sir Joseph Lister, the distinguished surgeon having been proferred and signified his willingness to accept, a baronetcy. This will be wormwood and gall to the London surgeons, who have ever since the Scotchman's removal into their midst from Edinburgh, treated him with anything but that kindness and recognition which his worth as a scientist merited. But Queen Victoria is not prejudiced against Scotchmen, as such.

A French journal deals the female physician the following: The friend of a young man who was engaged to be married to a female doctor expostulated with him. "Just think," he finally urged, "of the dangers which your living with a physician for a wife will expose you to." "Oh," returned the other, "have no fears on that score. She will attend to her patients; I shall employ my own doctor."

Professor Burt G. Wilder, of Cornell University, has been selected to deliver the Cartwright Lectures for 1884, on February 2, 4, and 6, prox. His subject will be "Methods of Studying the Brain." This

announcement was first made only a couple of weeks since, but already there has been a noticeable increase in the demand for medical lexicons.

The New York Medical Times objects, in the name of the profession, to institutions which, under the guise of charity, purloin well-to do patients from the profession at large, and make the most they can out of them without regard to conditions or circumstances.

The New York Post-Graduate Medical School announces that it will soon occupy its new building. It felicitates itself that thus early in its successful history will it be enabled to add to its clinical lectures, hospital facilities.

The Druggist says that not long ago a North Side (Chicago) physician was paralyzed by reading the following legend on his order slate: "Call right away at Mrs. Blank's; it is a Miss Kerr."

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By Freeman J. Bumstead, M. D., LL. D., Late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York, etc.; and Robert W. Taylor, A. M., M. D., Professor of Venereal and Skin Diseases in the University of Vermont; Attending Surgeon to Charity Hospital, New York; President of the American Dermatological Association, etc. Fifth Edition, Revised and Re-written, with many additions, by Dr. Taylor. With one hundred and thirty-nine wood cuts and thirteen chromo-lithographic figures.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Philips & Hunt (late John Willyoung).

This classic work needs no word of ours to commend it to the notice of the profession. Years before Dr. Bumstead's death it was the standard authority, and in each subsequent edition it has lacked nothing to keep it fully abreast of the improvements of the date of issue. The work as we now have it has been revised, re-written and enlarged by one than whom there is no syphilographer more competent. Dr. Taylor's work on bone syphilis, which appeared nearly ten years ago, fixed his position secure in the first rank as an observer and writer, and it is needless to say that the evidences of his scholarly pen abound in the book before us. So well known is this standard work that to enter with detail into a consideration of all portions of it would be supererogatory. Some parts, however, demand especial notice, and among these is that describing the local mercurial fumigation of syphilides by Kane's apparatus. Five or ten grains of calomel may by this apparatus be fumigated, by the burning of alcohol, and brought into direct contact with sores wherever located—on lips, tongue, tonsils, and interior of mouth and nose. Any one who has had experience in the treatment of obstinate sores of this nature will be pleased to learn that Dr. Taylor has found this apparatus an efficient therapeutic agent after all other means had failed.

We are agreeably surprised to note the mention, and prominence in some instances, given some of the antisyphilitic drugs of more recent introduction, such as cascara amarga (Honduras bark), berberis aquifolium, tayuya and the alterative compound recommended last year in the British Medical Journal by the late J. Marion Sims. Gurgun balsam and kava kava are favorably mentioned for their effects in gonorrhœa and cystitis. Especial mention is made of coca erythroxylon in the treatment of syphilis, which Dr. Taylor states he has been employing in hospital and private practice for the past three years. He does not give it for any specific influence, but for its marked tonic properties on the heart, nervous system and capillaries, and its power to invigorate the system, to improve nutrition and to sustain life. As an adjuvant following a course of mercury or iodide of potassium he has found it to be attended by results which no other agent is capable of producing. Especially in the anæmia and cachexia of the secondary period is it valuable. Given with mercury it counteracts the adynamic effects of that drug. Several formulæ are given in which coca is combined and the drug is spoken of in terms very enthusiastic.

Our limited space prevents a fuller notice of this excellent treatise which we recommend without reservation as an authority on all specific diseases, and their sequelæ, of the sexual organs and appendages.

EPITOME OF SKIN DISEASES, WITH FORMULÆ, FOR STUDENTS AND PRACTITIONERS. By the late Tilbury Fox, M. D., F. R C. P., and T. Colcott Fox, M. B., M. R. C. P. Third American Edition, revised and with addition by T. Colcott Fox, B. A. (Cantab.), M. B. (Lond.), Physician for Diseases of the Skin to Westminster Hospital, etc., etc.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt (late John Willyoung).

The late Tilbury Fox occupied a position in the esteem and affections of his contemporaries which it is the fortune of but few to achieve. This position was the result of a singular combination of qualities of head and heart, and had the effect of vesting his writings with great popularity. The little book before us has from the date of issue of its first edition, shared this popularity, and the appearance of its third American edition will be received with undiminished favor. The book merits a cordial reception. It is concise without being ambiguous, and complete without being voluminous—qualities which especially commend it to the general practitioner, who is apt to be lost in the profuse richness of terms which characterizes the writings of modern dermatologists.

TYPES OF INSANITY, An Illustrated Guide in the Physical Diagnosis of Mental Diseases. By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane, etc.
New York: William Wood & Co.
Detroit: John MacFarlane.

Disease of the brain is not alone manifested in the aberration of its functions, but it in time reveals itself in changes of the body which are clearly demonstrable. While these changes are chiefly observable in the facial expression of the afflicted they are not confined solely to the face. In the work before us due attention is given to these various

changes, and naturally its bulk is devoted to facial expression in the demented. The various types of insanity are considered, and the plates are reproductions of instantaneous photographs. They are exceedingly interesting and instructive, and are accompanied by a fully descriptive text. The effect of the different forms of insanity on the circulation is also fully gone into, and reproductions of sphymographic tracings form a feature of the work.

INDEX TO THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, Vols. i — xxxiii. Prepared by William B. Atkinson, M. D., Permanent Secretary, Philadelphia.

The value of this index requires no argument. It will be readily appreciated by every one who has in his library even a few of the volumes of the proceedings of the American Medical Association, and it will be enhanced in proportion as the number of these volumes is greater. The price is only $1.

A New Method of Operating for the Relief of Deep-Seated Tumors.

BY PROF. HAL C. WYMAN, M. D., DETROIT, MICH.

[Read before the Wayne Co. Medical Society.]

There are certain varieties of tumors which frequently make their appearance in the neck, and bear such an relation to the deep blood-vessels that removal by extirpation is too hazardous to be undertaken—tumors which are benign in character, yet endanger the health of persons afflicted with them by the pressure which they make upon surrounding parts. Some of the tumors found in the parotid region are of this benign character but become dangerous to health through the pressure they exert upon the nerves of the region, and through the interference, which they cause with the free movement of the lower jaw. All of the tumors of deep origin in the neck are difficult of removal, and attempts at this procedure are often followed by fatal hæmorrhage or equally fatal phlebitis. Any method of treatment which avoids these unhappy contingencies and promises arrest of growth or complete destruction of the tumors, will be the accomplishment of a great desideratum. In this connection I desire to relate the case of Mrs. L., who consulted me for the cure of a tumor of the parotid region, which first appeared as a small lump beneath, and a little anterior to the ear, some fifteen years ago. She is 37 years of age, of previous good health, sound family history and mother of several healthy children, the youngest three months old. The tumor had attained the size of a goose egg, was of irregular contour, not freely movable and appeared to involve the whole parotid gland. The facial nerve had been paralyzed by the unyielding pressure for several months, during which time she had endured unmitigated pain. The jaws could be separated barely enough to admit the handle of a spoon. The growth had never been especially rapid, but had increased gradually from the commencement, years ago. Her sufferings were now so intense that she felt they could no longer be endured and consequently she urged to have the tumor removed. With this object in view I put her under the influence of ether and with the assistance of Dr. Chaney and students Babcock and Collar proceeded to operate as follows: An incision was made just in front of the ear from a point about one inch above the external auditory meatus, and carried downwards in the neck parallel with the anterior margin of the sterno-cleido-mastoid muscle to the external jugular vein. This wound was deepened to thoroughly expose the more superficial part of the tumor. Then with the handle of the scalpel and my fingers, the deeper parts were separated from the surrounding tissues until the base was reached; the external carotid artery was found to pass through the tumor behind the angle of the inferior maxillary bone, at which point there was a considerable constriction of the growth, apparently to accommodate the limited movement of that bone. Stout ligatures were passed about the nerve at that point; and also about the constriction. Exploring deeper with fingers and scalpel the base of tumor was found prolonged beneath the base of the skull, and having such a relation to the internal jugular vein that that vessel would require ligation near its origin if further steps at its removal were undertaken. This latter procedure I did not deem it advisable to execute in view of the great danger from excessive hemorrhage or from phlebitis. Accordingly I abandoned the original purpose of the operation and amputated that portion of the tumor which had been isolated by the strong ligature passed about the constriction, introduced a drainage tube into the deep sulcus which I had excavated around the tumor, and brought the external wound together with interrupted sutures. The patient has enjoyed, since the operation, 5 weeks ago, a complete relief from pain, and the tumor has entirely disappeared.

It is apparent that the attempts at isolation of the tumor made in this case must have destroyed all vascular parts passing into the capsule excepting those which enter from the base and are intimately associated with the deep vessels of the neck. Now, the point is that such interference with the vascular supply of these tumors will check their growth and may in some instances occasion their complete destruction. A sufficient supply of blood is maintained through the deep adhesions of the tumor to prevent gangrene and the consequent danger of septicemia, but not enough to maintain the rapid growth which may be expected when these tumors pursue their natural course.

Nussbaum, the experienced Bavarian surgeon, has advocated this method of treatment. It is said that in his hands it has proved a gratifying success. In the present case the nutrition of the tumor ceased from the day of operation. The color gradually changed from a pale pink to a dull white; and ten days after the operation, was easily removed

from the wound with dressing forceps. As a dressing for the wound to guard against septic infection, a solution of boracic acid ℥ j, corrosive sublimate gr. j. in pure water Oij, was douched into it twice daily. There was very little constitutional disturbances following the operation. On the third day the patient resumed the care of her nursing infant and assumed light household duties. Four weeks after the operation she had so far recovered health and strength as to be able to journey by rail to her home, eighty miles from Detroit. The results of operations for the removal of tumors of deep origin in the neck have not been satisfactory in the hands of the average surgeon, nor have his more distinguished colleagues succeeded better, but, I cannot but believe that the method resorted to in the above case admits a wide range of application, and may some day prove useful in the treatment of tumors of the thyroid gland. It is certainly as rational a method for such tumors as is extirpation of the uterine appendages for the cure of uterine myoma. The principle involved is impairment of nutrition by destruction of vascular supply.

A Case of Ovariotomy.

BY A. G. OVEN, M. D., ANN ARBOR, MICH.

On September 23d, 1883, Mrs. L. B., æt. 29 years, married and the mother of five children, came to Petoskey, Mich., from Huron County, Mich., to consult Dr. John Gardner regarding an abdominal tumor which had been noticeable for two years, and had so increased in size as to cause much embarrassment and serious impairment of health. Her appearance upon arriving at Petoskey was that of a woman worn out, physically and mentally, by the burden that she carried. Her face was sallow and emaciated. She complained of loss of appetite, nausea and vomiting; of constipation and frequent painful micturition; of swelling of the feet and lower limbs.

The present writer, who during the summer had been in partnership with Dr. Gardner, was, at the time of the arrival of the patient, on the point of leaving Petoskey to take a position in the University Hospital. At the solicitation of Dr. Gardner he determined to assist in the examination of the patient, and also to remain for the operation, should one be deemed necessary.

Accordingly, September 24th, a thorough examination was made. The tumor was considerably larger than that of pregnancy at full term, for which condition, the patient asserted, it had repeatedly been mistaken by attending physicians. There was a distinct sense of fluctuation. The abdominal walls were freely movable over the cyst walls beneath. Per vaginam, the tumor could be felt pressing the uterus downward and forward so that the os uteri was barely concealed by the vulva. The depth of the uterus was three inches. Some of the cystic fluid, withdrawn with a hypodermic syringe, showed under the microscope granular corpuscles, epithelial cells and crystals of cholesterine. A unilocular cyst of the right ovary, without adhesions, was diagnosed, and it was determined to operate for its removal on September 26th. Preparatory to the operation a cathartic was administered; also a sufficient anodyne to insure a good night's rest. The patient was in good spirits, and, although fully warned of the dangers of the operation, expressed confidence in a successful result.

The operation was done at the hotel where Mrs. B. had taken lodgings. Antiseptic precautions with respect to the instruments, ligatures and hands of the operators were carefully observed. Chloroform was administered. An abdominal incision along the linea alba, four inches in length, having been made down to the cyst wall, a common trocar to the canula of which a trough of oil-cloth had been attached, served to evacuate the cystic fluid. No adhesions existed. After the withdrawal of the sac from the abdomen, the short, thick pedicle was securely ligated and the ligature cut short. The abdominal incision was closed with four silver sutures and several folds of linen saturated with a weak solution of carbolic acid, were applied. No other dressing was subsequently used.

For two days after the operation there was considerable vomiting, which, after trying bismuth and other remedies in vain, was controlled by the hypodermic use of morphia. From six to ten grains of quinine was administered to the patient daily for fifteen days. Accumulations of gas in the bowels were evacuated through a soft rubber catheter. On the fifth day oozing of serum from the wound relieved the abdominal distension. On the eighth day the temperature reached the maximum—104¼°. From that time the patient improved rapidly. A rise of temperature to 104° on the 13th day was caused by taking cold. Three weeks after the operation the patient was able to walk about and needed no further medicinal treatment. December 28th she wrote me that her health was excellent and that she had gained 23 pounds in weight since her recovery.

No doubt the success of this operation was largely due to the watchful care which Dr. Gardner gave the case after the operation; and I believe the salubrious atmosphere of northern Michigan, with its freedom from malarial influences, afforded an advantage that would be wanting in many localities.

This case, I think, tends to illustrate one point—that the difficulties of ordinary ovariotomies are not such as to daunt any surgeon who is well trained in the principles of the profession, even though he be not supplied with all the appliances which are sometimes employed in abdominal surgery. To apply radical treatment under such circumstances requires no greater professional courage than is needed for the management of a case of typhoid fever.

A Plaster Dressing Especially Adapted to Movable Fractures.

BY M. W. O'BRIEN, M. D., BARNESVILLE. OHIO.

I have read with much interest the concise and instructive article by Prof. Walker, of Detroit, on the use of plaster-of-Paris as a dressing for surgical purposes. In a conversation with my friend, Prof. Dawson, of Cincinnati, last summer, he described to me a dressing for fractures occurring at or near the shoulder joint, in which the plaster on strips of muslin of variable lengths, was laid on and over the injured part, strip at a time, making a dressing absolutely immovable and highly satisfactory in every way. I was called to assist Dr. Judkins, of this place, in dressing a fracture of the humerus, about one inch from the shoulder joint, in a man strong and muscular, æt. 60. The man had fallen from a tree, striking on the palm of the hand, breaking the bone as above, and driving the upper end of the lower fragment forward and upward, tearing the soft parts, and almost coming through the skin below the clavicle. Owing to the severity of the injury, a simple dressing was applied, and evaporating lotions used, after the fracture had been reduced under chloroform. In a week or ten days we put the plaster dressing on, as above described: 1st. Bandaging the arm and shoulder carefully and smoothly. 2d. Cutting a bandage into short strips, one inch wide, and from four to twelve inches long. Then with the plaster made thin, and to which a small part of potas. sulph. had been added, each piece of the bandage was saturated and carefully laid on over the bandage already on the shoulder. By such means a complete mould was made of the arm and of the scapular and clavicular regions. When the plaster had set, the bandage first put on was cut up the inner side of the arm and across the shoulder above, and the cast removed. The edges trimmed, the splint was well padded with cotton, re-applied to the shoulder and retained by a roller. I am well pleased with the dressing and the result in this case. The parts were held firmly, quietly and immovably, the dressing was cool, did not cut or bind at any point, a fault so common in all other dressings for fractures in this region. It could be removed and re-applied with ease, and without moving the arm in any degree. In cases of injury at the shoulder it seems to me this form of dressing has marked advantages over any other dressing that can be applied. And for immediate application it would not be open to the objections urged against the plaster dressing applied by the simple roller. But any fracture can be dressed in the same manner, and where there are irregular surfaces, I do not think any other form of plaster will compare with it. One thing should be borne in mind: the strips being laid on one at a time, do not require to be heavily coated with plaster. Unless attention is paid to this the cast will be unpleasantly heavy.

An Acephalous Monster.

REPORTED BY DR. F. A. DUCKWELL, ENON, OHIO.

Mrs. B. Aged 40. Was called Jan. 3d, 7 P. M., to attend her in her fifth confinement. Being 4 miles from my office, and it being extremely cold, I had barely time to get warm enough when I was needed at the bed side. I found, upon examination, the lady in the last stage of labor. The part presenting seemed to be the child's head around the outside, but what ought to be the anterior fontanelle and back to the occiput, was an uneven semi-solid tumor, and this was not made clear till after delivery.

After waiting a sufficient length of time I separated the child and proceeded to examine it more particularly. To the horror of the father, I found a child well developed as to its body, weighing 9 lbs., but the eyes were unusually prominent, and just above the eyes on a line with the top of the ears was a total arrest of fœtal developement. The whole top of the head was an ugly dark-colored, corrugated tumor, covered with a delicate membrane. The appearance of the child was so horrifying that it was with difficulty I could get the nurse to dress it. After putting the mother in good shape and consoling both parents, I retired. But on calling the next day, found the little babe dead. It had lived till 4 A. M. that day, or 8 hours.

Here then was plainly an acephalous monster—a total want of the bones of the side and top of the cranium, the *basis cranii* ill-shaped and covered with a membrane continuous with the integument, and the facial expression more like that of an animal than of a human being.

Hypertrophied Tonsils.*

BY CARL SEILER, M. D., INSTRUCTOR ON LARYNGOLOGY.

GENTLEMEN: We have among our patients today several cases of hypertrophied tonsils, and as this disease is very common, you, as general practwill be called upon to treat a number of cases together with the numerous remoter symptoms to which this condition gives rise. It will, therefore, be an hour profitably spent if we choose this subject for discussion. The tonsils, as you know, are two glands of oval shape situated between the two pillars of the velum palati, the use of which, however, has not as yet been discovered. Histologically considered they consist of a collection of small granular round cells, which are separated into lobular congregations by strands of connective tissue. The whole is surrounded by a connective-tissue capsule in which the division strands terminate, and which in turn is

*Delivered to the Post-Graduate class at the Hospital of the University of Pennsylvania. Reprinted from The Medical Bulletin.

covered by mucous membrane lined with pavement epithelium. In numerous places this capsule and its epithelial covering dip into the body of the gland forming the so-called follicles which secrete a thick mucus. This frequently becomes inspissated, filling the follicles with a white cheesy mass which, in some cases, is apt to undergo calcareous change accompanied by fœtor.

If now these glands become the seat of a more or less acute inflammation which may or may not give rise to subjective symptoms, and if this inflammation has a tendency to recur at frequent intervals, the connective-tissue becomes increased in bulk and the cells in the lobules increase in number by the permanent products of inflammation. Thus the glands which normally lie hidden between the pillars of the palate become enlarged and protrude into the oral cavity, giving rise to the train of symptoms which you will observe in these cases before us to-day. Before bringing in the patients I will call your attention to the fact that we observe several varieties of hypertrophied tonsils, which, although alike in their clinical features, must be treated differently.

The most common form is the ordinary enlarged tonsil which I have described to you in its histological characteristics, and which feels to the touch of the finger moderately hard and elastic. Another variety much less frequent, feels very hard, more like a fibrous tumor and is very vascular; it has been termed by Dr. Jarvis the scirrhous variety. And finally we meet with cases, generally in adults, in which the tonsils are somewhat enlarged, but at the same time full of holes and pits so as to present a ragged appearance, and usually the anterior pillars are adherent to the gland.

Chronic hypertrophy of the tonsils is mostly seen in children from four to sixteen years of age, but it has also been observed in infants and in persons far advanced in life.

Case 1. The first case I will show you is this little boy, five years of age, who, his parents tell us, has been subject to sore-throat at frequent intervals both in winter and in summer. Lately they have noticed that he breathes hard and noisily in his sleep, and that his voice has grown "thick." On inquiry, we learn that his appetite is not as good as it formerly was, that he is fretful and often languid, and that he is troubled with a dry hacking cough.

We will now introduce the tongue depressor and examine the fauces, and now you see the enlarged tonsils protruding between the pillars. The left one is larger than the right, and on the latter you notice that the anterior pillar is drawn forward. By passing a bent probe behind the fold of mucous membrane find that it is adherent to the gland but can readily be loosened, the adhesion not being very firm. Nowhere in the the throat do we find any acute inflammatory process, and the cough must be due to reflex irritation caused by the enlarged tonsils. And now, gentlemen, what shall we do for this condition, which, as you notice, materially interferes with the child's general health, by irritating the whole mucous tract of the alimentary canal and of the respiratory organs, as well as depriving him of the necessary amount of oxygen during sleep? The only reliable remedy, and at the same time the quickest to give relief, is ablation of the tonsils. By ablation I mean the cutting off that portion of the enlarged glands which protrude beyond the pillars, and not excision or enucleation of the entire gland. This operation, if properly done with suitable instruments, is entirely without danger in the ordinary nonscirrhous variety, giving rise neither to pain nor to hemorrhage, and is so easily and quickly done that the little patients frequently are not aware of the operation having been performed until they notice a little blood tinging the saliva.

Formerly the operation was performed by draw-the tonsil out of its bed with a pair of forceps, and then cutting off the protruding portion with a curved bistoury; at the present time, however, an instrument called a tonsillitome is generally employed, although the old method is still adhered to by some of our older surgeons. The advantage of the tonsillitome over the forceps and bistoury is that but one hand of the operator is employed in the operation, while the other is free to depress the tongue of the patient, and in a measure control the movements of his head while the instrument is being introduced.

I will now proceed to ablate the tonsils of our little patient, and you will have an opportunity to observe how little pain and hemorrhage is caused by the operation. The boy being placed in a chair with his back to the window, I throw the light into his mouth with the head-mirror. An assistant, or the mother of the child, will now hold his head in such a manner that pressure is exerted upon the skin of the neck immediately behind the angle of the lower jaw, which causes the swollen tonsils to protrude still more into the fauces and prevents their slipping from the grasp of the instrument. I then with the index finger of the left hand depress the tongue, and, introducing the tonsillitome with my right, cut off a large piece of the tonsil. Without giving the patient a chance to move, I quickly change the instrument for a clean one, and, taking it in the left hand while I depressed the tongue with the right index finger, cut off a piece of the other,—this time the right tonsil. You now see that there is hardly any blood, and the expression of the face of the child is sufficient evidence of the absence of pain.

You will have noticed that I was very careful in excluding the anterior pillars from the grasp of the instrument to prevent their being wounded, because a large branch of the tonsillar artery runs close to the edge of this fold of mucous membrane, and you can imagine that if this were cut we should have serious hemorrhage. In cases where the pillar is so tightly adherent to the swollen glands that it cannot be loosened with a bent probe, as was done in this instance, a preliminary operation, that of loosening the pillar by the galvano-cautery knife should be resorted to before ablating the tonsils.

The after-treatment is very simple and consists mainly in the regulation of the food, which should be of the mildest character, such as soft mush, milk toast, and as a reward for the good behavior of our little patient during the operation, a little ice-cream, which at the same time acts as an antiphlogistic measure. If oozing of blood from the cut surfaces should appear within a few hours after the operation, small pieces of ice held in the mouth, and a gargle consisting of gallic acid gr. xx, and tannin gr. x, in a tumblerful of water, will soon stop it; but I rarely have had occasion to administer anything of the sort. Within twenty-four hours all pain has usually disappeared, and the patient is able to swallow without the slightest discomfort.

Case 2. The second case is a little girl six years of age, presenting the same symptoms as the patient just operated on with the exception that she complains of her throat being sore. The mother tells us that she has frequent attacks of sore throat, and that the present attack has lasted for two days. On inspection we find the tonsils greatly enlarged and red, the pillars are inflamed, and so is the pharyngeal wall in a less degree. You also notice small white patches here and there on the surface of the tonsils which somewhat resemble the pseudo-membranous exudation of diphtheria, for which they are often mistaken by the casual observer. Let us see what they are. By taking a probe and dislodging one of them, you notice that there is a pit-like depression in the surface of the tonsil at the spot where the white substance was situated, and that there is no ulceration or even abrasion of the mucous membrane. Further, by placing the substance just removed upon a piece of paper, it can readily be broken up with the end of the probe into a mass resembling soft cheese, which could not be done if it was a diphtheritic membrane. It is simply the inspissated secretion from the follicles of the tonsil, and has no significance whatever.

The glands in this case being in a state of active acute inflammation should not be removed by ablation, because the pain would be very considerable, the risk of copious hemorrhage from the engorged capillaries very great, and erysipelatous inflammation of the surrounding parts might easily follow the operation. We will, therefore, give the child a gargle composed of tr. fer. chlor. ℥ j, potass. chlor. ʒ ij, potass. brom. ʒ iv, ext. glycyrrh. ʒ j, aqua. dest. q. s. ℥ iv. Sig. Half a teaspoonful in water every two hours, gargle and swallow. We shall tell the mother to bring her child again in a week, when we can ablate the tonsils without risk, and thus relieve the patient of the frequent attacks of acute tonsillitis.

Case 3. This young girl, eighteen years of age, gives the following history of her case: Since she was a child she has suffered from periodical attacks of quinsy, which usually terminated in suppuration, and on a number of occasions the tonsillar abscess was opened with the bistoury. Of late years she has had but few attacks, and complains now chiefly of a localized pain in the left side of her neck. Her throat feels hot and dry most of the time; she has a slight hacking cough, poor appetite, is constipated, sleeps badly, and has a great deal of pain in the abdomen and back during her monthly period, when her throat is usually worse. On inspection of the fauces we see the right tonsil of normal size but very ragged, while the left gland is enlarged and full of holes and fissures, which bleed readily when touched, giving rise to the pain she describes. This is evidently the cause of her trouble, for neither the larynx not the naso-pharyngeal cavity shows anything abnormal except a congestion of the mucous membrane. The other symptoms are, without doubt, the remote evidence of the local irritation, and I have frequently observed a close relation between diseases of the throat or tonsils and those of the uterus and ovaries, irritation of the one giving rise to symptoms in the other.

The tonsil in this case is too small and too ragged to be ablated with the tonsillitome, and yet it must be removed in order to relieve the symptoms. Two methods may be pursued in these cases, which are by no means infrequent, viz., destruction of the tonsillar tissue with caustics, such as Vienna paste, the mineral acids or the galvano-cautery, or scraping the gland out of its capsule with a sharp uterine spoon. This latter method, although radical and quick, is at the same time a very bloody and painful operation, and I will not consider it in this case, as the girl is dependent upon the work of her hands for her daily dread, and cannot afford to lay off for several days. I shall, therefore, choose the method of destruction by caustic, and of the whole list will select the galvano-cautery as the surest and least painful. By this method we can destroy, of course, only a small portion of the tissue at a time, and the operation has to be repeated a number of times before all the remaining gland-tissue has been removed.

Taking a flat, curved galvano-cautery knife, I heat it to cherry-red heat, and quickly carry it to the tonsil, making a number of incisions into the gland parallel to each other. The result, as you notice is, that the tissue in the immediate neighborhood of the cuts becomes disorganized by the heat, and is removed by nature in the process of sloughing. As soon as this process is completed the operation is repeated, and thus gradually the source of irritation is removed, with the ultimate effect of restoring the girl's health. Meanwhile we will give her a tonic of iron and quinine and a laxative pill, in order to build her up and relieve the constipation and its consequent evils.

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Sewerage and Diphtheria in Detroit.—While the existence of diphtheria under apparently excellent hygienic conditions, and occurring without known exposure to previous cases of the disease, occasionally baffles those who regard it as a filth poison, the immunity from attack of sections fulfilling all hygienic requirements, and the occurrence of the disease in communities permeated with the gases of decomposition, are too frequent to be regarded as mere coincidences. That there is a relation of cause and effect between bad hygienic conditions and diphtheria is now very seldom disputed, while, we believe, it is pretty generally conceded that gas of similar composition to that found in the sewers of cities, may be a direct cause of cases originating *de novo*, or independently of exposure to other cases.

As we intimated in our last issue of the Age, one of the main sewers in this city was recently discovered to contain a sediment, measuring at some points seven feet in depth, of a decomposing mass of organic matter. This accumulation extended back upwards of a mile from the river, into which thesewer is supposed to empty its contents. While diphtheria has been endemic in this city for upwards of two years last past, it has been peculiarly prevalent in that part drained by the sewer in question. These are the facts. The other sewers have not, as yet, been systematically investigated, but when this is done it will not surprise us to learn that "the visitations of God" in the form of diphtheria, will be found to be singularly closely associated with the delinquencies of man throughout.

In connection with this condition of local affairs the comments of the British Medical Journal on a recent outbreak of diphtheria at Canterbury, will be of interest: "In all the cases, eight in number, the cause was local, and there is no evidence of an epidemic. Six of the children attacked with diphtheria resided in a house which was in a most unsanitary condition; the water used for drinking purposes was found to be contaminated with sewage, and a hole was discovered in a drain which ran under the parlor, allowing the sewer gas to enter the living room of the family. Inquiry into another case in the same neighborhood revealed a like pollution of the water and defective drainage. There was one other case, in a different part of the city, where the water was good, but the drainage at the school which the child attended was found to be very defective."

Facts of the above nature are calculated to direct renewed attention to the question of the sewerage of cities, and to cause sanitarians to enquire whether the system generally in vogue, of ridding large and closely settled communities of their effete matter is the most conducive to the health of the dwellers therein. If it be conceded (and it will scarcely be disputed) that the inhalation of the gases emitted from decomposing animal matter is deleterious, the fact is a powerful argument against this system, for the ingenuity of man has not yet devised a means of preventing this decomposition in our sewers or of preventing the escape of the resulting gases into the houses of the people.

The present system of sewerage, moreover, has attached to it another danger, viz., the pollution of our streams. It is true the oxidizing power of large bodies of water is great, but there is a limit to its capacity, and we have little doubt that much sickness is directly traceable to this pollution. The water whence this city derives its drinking supply receives between its source and our water works the refuse matter and dejecta of nearly a million people. At this point it receives the excreta of upwards of 150,000 more, and then passes on and is drunk by the cities between us and the sea board.

Another evil attached to our sewerage system is its immense waste. While this aspect of the matter is not strictly hygienic in its nature, it has nevertheless an important bearing on the welfare of the people. The wealth of valuable manure of which the soil is deprived and which is worse than wasted through being thrown into our water courses is really fabulous in its dimensions. In our sparsely settled country this waste is not appreciated. In more densely peopled countries, however, as China for instance, the necessity of returning to the soil as much as possble of what has been taken from it in the shape of the excreta both of the people and the domestic animals, has long been recognized. In China our system of sewerage would, in a comparatively short time, cause such exhaustion of the soil as would result in the starvation of the people.

In certain European cities a system of gathering the refuse and excreta of the people, and utilizing it it for agricultural purposes, has been substituted for sewers, and the result has been to demonstrate that it is at once an improvement in a sanitary sense, and a source of very considerable pecuniary profit. In this country the model city of Pullman, Illinois, has adopted this system and its working has been found to be highly satisfactory in every sense.

Sewage as Manure.—As germane to the subject above touched on, we reproduce the following from the Popular Science News:

Every householder who owns a cesspool and a cheap pump, or even a bucket tied to a rope, has all the materials for making observations of the greatest value. The amount of cesspool or sewer liquid that a given plant will bear; the length of time that elapses before the smell of the sewage disappears in various soils; the depth to which the roots of different crops will penetrate in search of the fertilizing stream; the comparative effect in promoting the growth of certain crops of surface or sub-surface irrigation, or a combination of both, as well as the amount of sewage purified in each way; the best plan of subsoil drainage of irrigated land; the behavior of plants, in winter, in gardens irrigated above or below the surface, or both; the effect of the warm soakage about the roots in enabling plants to resist the winter's cold; the comparative utility, both in respect to purification of the sewage and growth of the plants, of intermittent or continuous irrigation both above and below the surface, together with the character of the peculiar insects, if any, which might be found to be attracted to the sewage-fed crops—would all form subjects of the greatest interest and importance, upon which the humblest might contribute valuable information, while every one—rich or poor, farmer, gardener or amateur—would have something new and interesting to tell. The horticultural and agricultural societies, or, what is still better, the town and village improvement societies now so common, might with much advantage offer premiums for the best specimens of sewage manured gardens, as well as for accounts of careful experiments of the kind; and the public authority could second the good work by the regular distribution, to all who wished them, of printed reports from the experts employed in the official investigations. In this way, together with the appreciation of the loss which the community sustain in the waste of sewage-manure, would come the practical knowledge and experience necessary for using it successfully, and, this once gained, the utilization of the liquid refuse of the largest cities would become a mere matter of detail.

Private Free Dispensaries.—We have received a communication asking our opinion as to the ethical propriety of the establishment by physicians having no college connection, of free dispensaries, after the plan of those operated by the medical colleges. In reply we would state that we make no pretensions as an expounder of the code of ethics. Unlike the vast majority, we believe, of the profession, we have read that instrument through, and in the reading have been lost in wonder, love and praise, but it seems to be so susceptible of divers interpretations that it requires not only a thorough student of its intricacies but also one who can back his dictum up with years of faithful service in the American Medical Association, to give such a version of any of its clauses as will carry with it any authority. The personality of the expounder has come to be such an element in the interpretations of it, that the number of those whose opinions are of any more value than is that of any body else, may be counted on the digits of a single hand. Herein the Code differs very much from our ideal of a rule of conduct.

If, however, in spite of the above, we were to give our opinion on the question submitted to us, we should hold that a private free dispensary is no more improper, from an ethical point of view, than is a dispensary conducted in connection with a college. It is true the Code declares it to be "derogatory to the dignity of the profession" to "publicly offer advice and medicine to the poor gratis," but this clause has long since become obsolete. While a single physician has never yet jeopardized his professional standing by thus publicly offering, there is scarcely a city in the land in which several have not banded themselves together in corporate capacity, and circulated cards broadcast and posted hand bills on dead walls, etc., inviting the suffering poor to come to them, and be healed without money and without price.

Several young gentlemen, without college connection, have opened free dispensaries in different parts of our city and their conduct in so doing has been unfavorably commented on. They, however, plead in extenuation that they know of no reason in equity or common sense why they should not be permitted to thus at once keep themselves prominently before the public, and at the same time secure that material which they find so necessary in qualifying them to for distinction in the several depart-

ments of medicine which they have chosen to cultivate as specialties. If we were asked to furnish them with such a reason, we fear we should be obliged to give it up.

But if there are no reasons why several young men may not unite as indicated, in the establishment of a free dispensary, what reasons are there why a private physician may not advertise that during certain hours the poor may come to his office, and be treated free of charge? It is "derogatory to the dignity of the profession", says the Code, to do this thing. But why should private Dr. Doe be denied professional recognition because of so doing, while Dr. Roe, who is one of a number banded together for this purpose, covers himself with fame and riches through so doing? This is a conundrum which we find it so difficult to solve that we give it up.

Jaundice in New-Born Infants.—Hoffmeier (Zeitsch. f. Geb. u. Gyn., VIII., 2, Gaillard's Medical Journal): An extensive series of investigations was made by the author upon icteric children during the first ten days of life, and the following facts were brought out: The disease is associated with a decided loss of weight, which comes on during the first few days of life, and with an extraordinary increase, during the first nine days of life, in the discharge of urea, in the formation of uric acid, and uric acid infarcts, and in the phenomena which accompany the latter, as seen in the excretion of albumen. A constant phenomenon, which varies in intensity with the intensity of the disease, is the excretion of a yellow coloring material with the urine. The less appropriate the nourishment of the child, as to quantity and quality, the greater is the loss of albumen. The proof of this lies in the continued loss of weight contemporaneously with an increased discharge of albuminous elements. This consumption of albumen concerns the albumen which is circulating in the blood-plasma, and thus affects the red blood corpuscles, together with the respiration which comes into action after the child is born. The longer these processes last and the more intense they are, the greater the consumption of red blood corpuscles, which process is probably accompanied by an equally active production of new corpuscles. The proof of the latter lies in the complete analogy of phenomena in the direct destruction of red blood corpuscles in the circulation with the observed facts in case of fever, and in the results upon the red blood corpuscles of chloroform narcosis. While this destruction of red corpuscles is excessive only in a physiological sense, the bile coloring matter represents one of the most essential physiological products of the coloring matter of the blood. In addition to this, by the beginning of the function of the intestine as an organ of digestion, the secretion of bile is stimulated to a marked degree, so that in consequence of the conditions which have been described, an increased secretion of bile, rich in pigment, occurs, corresponding to the good or bad condition of the child's nutrition. With all these facts in view, there are also certain anatomical conditions which favor the passage of bile into the blood, and the final phenomenon is the icteric discoloration of the skin. When the child is poorly developed and poorly fed, the icterus is likely to continue for some time. The question as to whether the icterus of the newly-born is a physiological or a pathological phenomenon, admits of two answers. It is pathological in so far as the passage into the blood of bile, a substance which is foreign to it, is always pathological. It is physiological in so far as the causes which produce this result are founded upon the physiological relations which subsist after birth.

Very few children are so favorably circumstanced immediately after birth than they can contend successfully against the extraordinary demands made upon their organism for a few days, solely by means of the nourishment which they get.

Forms for Giving Mercury per Os.—1. Blue pills. The formula is too well known to need repetition here.

2. Sedillot's pills. Each pill contains gr. iss of mercurial ointment, with gr. 9-10 of castile soap, and gr. 6-13 licorice powder.

3. Bichloride of mercury. Van Swieten's formula is as follows:

℞ Bichloride of mercury..... 1 part.
Rectified spirits.....100 "
Pure water..... ..900 "

M.

One teaspoonful contains gr. 1-13 of corrosive sublimate.

4. Mauriac's modification of Van Swieten's liquor.

℞ Spirits of peppermint..... 4 parts.
Hydrarg. bichlorid..... 1 "
Alcohol..... 95 "
Syrup of morphia.....250 "
Orange flower water.....100 "
Distilled water..... 50 "

M.

This preparation is twice the strength of Van Swieten's.

5. Dupuytren's pills—

℞ Hydrarg. bichlorid.....gr. 1-6
Ext. opii.....gr. 1-3.
Ext, guaiac.....gr. 2-3.

M.

For one pill.

6. English anti-venereal drops.

℞ Crystalized perchloride of iron 1 part.
Corrosive sublimate..... 1 "
Distilled water.....1000 "

M.

Every f ʒ iij contains gr. 1-6 of corrosive sublimate. A medium dose, one teaspoonful.

7. Brazilian electuary of Carneiro, containing calomel—

℞ Calomel.....gr. xv.
Powdered sarsaparilla root..... 3 vij
Powdered senna..... 3 iijss
Simple syrup, sufficient to make an electuary.....

M.

Every f 3 ijss contains gr. 1-13 of calomel. Full dose, 3 ijss.

8. Ricord's pills—

℞ Hyrarg. protiodid.....gr. xlv
Ext. lettuce.....gr. xlv
Ext. opii.....gr. xv
Ext. hemlock..... 3 iss

M.

F. S. A. 60 pills.

9. Formula of French Codex—

℞ Hydrarg. protiodid.....gr. 3-4
Ext. opii.....gr. 1-3
Conserve of roses.....gr. 1-6
Licorice root sufficient for one pill

M.

10. Gibert's pills of biniodide—

℞ Biniodide of mercury.....gr. i ss
Iodide of potassium.....gr. lxxv
Pulv. acacia.....gr. vijss

M.

F. S. A. 20 pills. Two of these pills contain gr. 1-6 of biniodide of mercury.

11. Syrup of Gibert—

℞ Biniodide of mercury..... 1 part.
Iodide of potassium..... 50 "
Water..... 40 "
Simple Syrup.....2400 "

M.

Every tablespoonful contains gr. iij3-4 of biniodide of mercury.

The Differential Diagnosis of Tic Douloureux and Dental Neuralgia.—Magitot, of Paris, some time ago expressed the opinion that these two varieties of prosopalgia were clearly distinguishable by their symptoms alone. Tic douloureux he would define as an affection of the cutaneous branches of the trigeminus, occurring in paroxysms of an intermittent and spasmodic character which are provoked by the slightest contact or movement; while neuralgia originating in the teeth is increased or diminished by forces acting upon the oral cavity, such as the pressure of foreign bodies, atmospheric air, heat, cold, certain drugs, etc., none of which exert any influence in the case of tic. This view is controverted by Dr. Th. Walzberg, in the Centralblatt für Chirurgie November 10, 1884. He maintains that there is nothing specially characteristic in the symptoms of either complaint, and proposes to divide the facial neuralgias into two classes, viz: those whose causes can, and those whose causes cannot, be determined—the latter answering to the tic douloureux of Magitot. He adduces in confirmation three cases of prosopalgia successfully treated by himself. Concerning the first two of these he observes that they exhibit almost precisely the same assemblage of symptoms, yet that one of them certainly did not originate in the teeth, although presenting all the features characteristic of dental neuralgia according to the French author. The third case, the symptoms of which would place it in Magitot's first class (tic douloureux)—and which also strongly resembled an intermittent disease—shows that a neuralgia may arise from the teeth, although entirely uninfluenced by agencies affecting the interior of the mouth. Symptoms in these complaints may facilitate the discovery of their causes, and so guide us to a successful plan of treatment, but only the most accurate objective examination in every case will protect effectually against error. It is better to search in vain for a too h root. upon the slightest suspicion, than uselessly to divide a nerve. A remark is appended relating to the mode of performing this operation. When it is designed to follow up to any considerable extent the ramifications of the infraorbital nerve upon the cheek, it is better to make the entering (semicircular) incision at a point somewhat below the orbital wall; otherwise a pouch will be formed too small for separate drainage, but large enough to act as a reservoir for the secretions, with the result of setting up a suppuration which will much prolong the process of healing. The latter, under favorable circumstances should not occupy over five days.

Sewage as an Evangelizing Agent.—The *Sanitary Engineer*, of New York, is responsible for the following amusing mixture: A reporter had to attend two meetings, one for the conversion of the Jews to Christianity, and the other, which followed immediately after, was on the subject of conversion of sewage into lime and cement. In the printer's hands the folios got mixed up, and the report read: "The Chairman, after the meeting had been opened with prayer, explained that the conversion of Jews was of the greatest works that could engage the attention of our sanitary authorities. Filtration was the most perfect method that could be adopted for purification, but a filter had its limits. There was a popular notion that the sewage contained a vast amount of wealth, but the sludge must be taken out of it for purposes of irrigation, as it otherwise choked the pores of the land, and they were a wandering race spread over the whole face of the habitable globe. They were denied the inimitable blessings of Christianity, which might be counted by thousands of tons per annum allowed to run to waste, when by a judicious mixture of lime and clay, the benighted Hebrews who sat in darkness might easily be converted into lime and cement for building purpose, and if thus deodorized, after being first dried and burned in a kiln, this ancient race would once more take its proud position among the nations of the world. Subscriptions were earnestly solicited for the purpose, though he (the speaker)

disclaimed any idea of making a profit out of the process, and, in conclusion, he urged increased efforts in the good work, showing that thus deodorized by a very novel process of evangelization in large tanks constructed for the purpose, the grateful Hebrews might flow over the land without injury to vegetation, while the expense of conversion, which was progressing as rapidly as the best friends of Christianity could wish, would be more than repaid by the sale of the phosphate of lime and valuable cement for building purposes."

INGROWING NAILS.—The following practical hints on the management of ingrowing nails are from the Journal of Cutaneous Diseases:

When the nail threatens to grow into the skin, or has already injured it, the first indication is to put on a sock of moderate size and to remain quiet. Afterward the nail is to be scraped on the affected side till it is sufficiently thin; then it is to be seized with a delicate forceps, raising it in a sense inversely to its natural curvature. This having been done, a small lamina of lead of a few millimeters' thickness is to be inserted beneath the nail, and, after folding it over the toe, it is to be fastened there with a strip of plaster. In this manner, the granulations being no longer in contact with the margin of the nail, the pain ceases, and the sore heals more or less rapidly; during the whole of which time the apparatus should be frequently inspected, so that the lamina of lead may not become displaced. Besides this, it is necessary to scrape the nail every two or three days, so as to keep it thin and flexible, until the skin returns to its natural state, and can resist the pressure of the nail, and then the lead is removed. Hebra treats ingrowing nail in the following manner: Cut some flakes of lint of the length of the lateral groove of the nail, or a little longer. The lint is to be placed on the nail, parallel to its groove; then with a flat probe introduce the lint, thread by thread, between the flesh and nail. Thus the parts are separated, with the little cushion of lint lying between. The sulcus is then to be filled with pledgets of lint, and finally long narrow strips of adhesive plaster are to be applied, always from above the inflamed sulcus downward, in such a manner that the latter is still farther removed from the margin of the nail. With such a dressing applied with sufficient care, there is no pain whatever; and the patient can in a short time put on his ordinary stocking, and walk without trouble. After twenty-four hours the strips of adhesive plaster are to be removed, being previously softened in a bath of tepid water. This dressing is to be repeated daily; and in from two to four weeks it will be found that the toe is entirely well.

WHY PEOPLE TAKE MEDICINE.—Dr. Crofts in the British Quarterly Review, explains this as follows:

It is to be feared, that, to most people, medicine is not an erudite science, or a learned art, but is little more than the commonplace administration of physic. They cannot understand medicine without drugs, and its virtue and power are popularly measured by the violence of its operations. Its very name is, in ordinary parlance, synonymous with physic. Take from it its pills and potions, and for them you take away its whole art and mystery. They do not believe in a scheme of treatment, however deep-laid and skilful, which does not include a certain statutory dosage; so that, as a rule, medical men are practically compelled to give their patients a visible object of faith in some form of physic, which may be at most designed to effect some very subordinate purpose. And it is remarkable how strongly, even among the educated classes, this feeling prevails. Cure by the administration of mixtures and boluses is so fixed and ancient a tradition, that it is only very slowly that the world will give it up. The anxiety of the friends of the patient wants to do more than follow the simple directions of "nursing," which have been so carefully inculcated, and possess, apparently, so little remedial power. There is nothing of the unknown about them in which a fluttering hope of great advantage can nestle. Thus it is necessary to educate the world into a belief in medicine apart from drugs, which finds its power of curing in adaptations of the common conditions of life, and applications of physiological facts—a medicine which takes into its hands the whole life, and orders and fashions its every detail with scientific definiteness. It is found in every-day practice that this popular misunderstanding of the modern spirit of medicine constantly checks the little tentative advances of a more scientific treatment, and it is necessary that it should be generally understood how powerfully the various processes of the economy may be affected by the manipulation of the conditions of common life.

UNINFLAMMABLE DRESS MATERIALS.—At this season of the year we are accustomed to hear of sad fatalities arising from the accidental ignition of the highly inflammable materials which usually compose the "dresses" of females. Although many practical suggestions have been made from time to time with the view of popularizing uninflammable dress materials, the use of such incombustible articles of apparel does not appear to have found favor with the fair sex. Tungstate of soda has been the material most frequently employed to render light fabrics uninflammable; it fulfils the purpose admirably, but its high cost has been an objection to its use. Patera's formulæ, says the British Medical Journal, have stood successfully frequent trials of their efficacy. One of these preparations is made by dissolving three parts by weight of biborate of soda, and two and a quarter parts of sulphate of magnesia, in twenty parts of water. Fabrics soaked in this solution become coated with a borate of magnesia, which is insoluble in hot or cold water, and is a good resistant of fire. The other preparation is a mixture of sulphate of ammonia with

sulphate of lime, or gypsum, in proportions of one part of sulphate of ammonia with two parts of gypsum. The gypsum is said to form with the ammonia a double sulphate which has not the disagreeable properties of the ammonia-salt. The action of this preparation seems to be two-fold—first, in coating the fibres of the material to be protected, and also in the production, when the material is brought to a red heat, of volatile ammonia, which tends to smother flame.

LOUIS PASTEUR.—The Century Magazine for January has an article on the "Forty Immortals," as the members of the famous French Academy are called, in which there is some interesting gossip touching the author of the germ theory. Pasteur began life as an usher, or under-teacher, in the Lyceum of Besancon, hoping to attain the position of professor. An accident turned his mind to microscopy. A pupil in the lyceum received a microscope as a birthday gift, and not caring for it he lent it to Pasteur, who studied with it so far as he was able the insect world. At this time he was not quite twenty years of age. "The idea that animalcules were the origin of contagious diseases was suggested to him by an apothecary at Dole, who got it from Raspail, a quack of genius." Raspail was nearly all his life in prison on account of his political opinions, and consequently could not demonstrate his theory. Pasteur won his literary professorship, but science had too strong a charm for him, and he devoted his life to its pursuit. He became professor of geology and chemistry at Strasburg, and had gained considerable reputation in these departments, when he was recalled to Paris as scientific director of the Ecole Normale. He was elected one of the "Immortals" at a time when a controversy was going on there about spontaneous generation and the unity and origin of species. He had been neglecting his microscope for some time, but this discussion led him to return to it to elucidate these problems, with what result is known too well to repeat here. He has a pension from the government of $5,000 a year, which frees him from the cares of life and enables him to devote his entire powers to scientific investigations.

Outside of his special studies, he is narrow. He is undemonstrative, has a rugged temper and a crabbed style as a writer. Perseverance is his dominant quality.

PAGET'S DISEASE OF THE NIPPLE OR MALIGNANT PAPILLARY DERMATITIS.—Dr. S. Sherwell, in the January number of The American Journal of the Medical Sciences, records two cases of this rare affection, the diagnostic evidences of which he summarizes as follows:

1. The subjective symptoms, itching, burning, etc., are those of an eczema, and not those of an ordinary carcinomatous affection, but they are more marked than in an ordinary case of eczema.

2. The objective appearances are like eczema; The discharge is absolutely similar to that of eczema; it stiffens linen, and forms crusts entirely undistinguishable from those of an impetiginous eczema. The color of the surface is, perhaps, occasionally more livid, but the border is not more sharply defined than is common in that trouble; the somewhat elevated appearance of the patch simulates exactly the acutely macerated and swollen conditions of the lower epithelial layers frequently found in eczemas.

3. The disappearance of the nipple, which is spoken of by Mr. Henry Morris as a "melting away."

4. The retraction of the nipple or tissues immediately beneath, if retraction there be, is not to be distinguished as such, as is so easy in ordinary cancer.

5. The "malignant papillary" feature, as described by Thin, is a very diagnostic point, and would of itself instantly resolve any doubts as between Paget's disease and a true eczema.

6. The extreme length of time before the appearance of anything like positive evidence of carcinoma.

THE CONVERSION OF MALIGNANT TUMORS INTO INNOCENT GROWTHS.—Prof. V. Nussbaum, in a clinical lecture recently delivered in Munich (Wein. Med. Zeit.,) expressed the belief that he had discovered a procedure for the positive cure of cancer by restraining the proliferation of the tissue elements of the disease. It appears to him that a total interruption of all peripheral sources of nutrition is the means best adapted to secure this result. He accomplishes this object by the use of the thermo-cautery, with which instrument a deep channel is made quite around the malignant growth, thus cutting off entirely the supply of blood and other nutritive fluids from the surrounding tissues. The small vessels which ascend into the tumor from the parts beneath are sufficient to preserve its vitality, so that gangrene does not occur. He thinks the thermo-cautery far preferable to the ligature, and that it possesses many advantages over the knife. He regards the hot iron and the various chemical caustics worthy of more extensive employment in the domain of malignant growths than they have ever enjoyed. Prof. Nussbaum doubts not that this circumscribing a cancerous growth, thus cutting off every channel of peripheral nutrition, has a brilliant future, especially in those desperate cases in which death is imminent from hemorrhage. In his experience, this method of cutting off the peripheral blood supply has afforded such astonishing results that he recommends this precedure to the attention and practice of all those having occasion to treat a case adapted to its employment.

THE USEFUL BUT SINFUL CYPRIAN.—Mr. Lecky, in his "History of European Morals," writing of the causes of prostitution says: "Under these circumstances, there has arisen in society a figure which is certainly the most mournful, and in some

respects the most awful, upon which the mind of the moralist can dwell. That unhappy being whose very name is a shame to speak; who counterfeits with a cold heart the transports of affection, and submits herself as the passive instrument of lust; who is scorned and insulted as the vilest of her sex, and doomed for the most part to disease and abject wretchedness, and an early death, appears in every age as the perpetual symbol of the degradation and the sinfulness of man. Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her, the unchallenged purity of countless happy homes would be polluted, and not a few who, in the pride of their untempted chastity, think of her with an indignant shudder, would have known the agony of remorse and of despair. On that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people."

Fort Wayne, Indiana, is a town of only about 40,000, but it has medical colleges, and medical journals, and medical men and medical rows in sufficient abundance for a city of much greater pretensions. These professional rows are most singular and inexplicable. What is there in the study and practice of medicine that makes men so narrow and thin-skinned? We have heard lawyers use language towards each other, and criticise each other's acts in terms which, employed by physicians would have caused no end of quarreling and back-biting and heart-burning, but which in the case of the legal gentlemen is always buried with the dead past. It is a matter which certainly surprises the laity to see the way in which sensible and honorable physicians sometime succeed in construing a general criticism of measures, into a personal offense. We are told on high authority that offenses must needs come, but too often, medical men go out to meet offenses which, left to come at their own gait, would die of old age before reaching their destination. It was a singular oversight on the part of the Code-makers that, while making physicians ethical, they did not incorporate a clause which would make them less sensitive, and more sensible, in regard to matters of professional comity.

The New York Tribune says that the physicians directly interested in the larger medical schools of New York City are said to be greatly disturbed at the prospect of the Legislature's passing a law this winter creating a State Medical Board which would have the sole power to issue licenses to practice in that state. It, moreover, intimates that they have reason to be disturbed. It says such a law would not only affect unpleasantly the colleges whose diplomas now give the right to practice, but might be followed by other consequences of a serious kind. It is, indeed, an anomalous condition of affairs when the sturdy champions of the Code are alarmed at the prospect of having their examinations reviewed by an impartial body of men, whose sole object is to guarantee that those who assume the solemn responsibility of the physician, shall have something more than a mere diploma as a qualification for their work. It is, we believe, different in some places outside of New York. We know that there are medical teachers in this state who are warmly in favor of the passage of a law providing for a State Examination in Michigan. Until such a law is enacted the cause of the higher medical education must languish.

The International Review of Medical and Surgical Technics, is the name of the latest candidate for professional favor. It is devoted to the mechanics of medicine and surgery and a large share of its space is given to the reproduction of cuts and descriptive text of the various mechanical devices being introduced. The journal is edited by Drs. Joseph H. Warren, Charles Everett Warren and Willard Everett Smith, of Boston, and is published by the International Medical Exchange, 51 Union Park, in that city. In addition to its medical and surgical mission it is the organ of the "American Association of the Red Cross," an organization whose object is "the relief of suffering by war, pestilence, famine, flood, fires, and other calamities of sufficient magnitude to be deemed national in extent." The journal is a quarterly and is supplied for $2.00 per annum. Its field is one heretofore unworked, and we should regard it as a publication which surgeons particularly would find it profitable to read.

The medical schools of Chicago are suffering from a scarcity of anatomical material, and this too in face of the alleged fact that that city is a fruitful source of supply of such material for eastern medical schools. The scarcity is referred to a failure on the part of the local schools to properly "see" the county commissioners. A result of this failure has already appeared in certain grave robberies, the discovery of which has scandalized the Chicago profession. Grave robberies are inevitable when the authorities refuse to devote dead paupers to scientific purposes. Of this fact the public of this state became convinced after years of experience. We now have a law which ensures an abundant supply of anatomical material for our colleges, and without doing violence to the feelings of any. We would commend it to the profession and people of Illinois as a piece of model legislation on this difficult subject.

A charitable gentleman, Mr. Henry Phipps, Jr., of Pittsburg, Pa., has placed in the hands of Dr. R. Stansbury Sutton, of that place, a sufficient sum of money to pay the expences of twenty women on whom the operation of ovariotomy or hysterectomy may be necessary. Dr. Sutton, therefore, invites the profession to send him any poor woman requiring the operation, promising that she will receive the same care as those who pay for themselves.

This is certainly a very kind offer, but we apprehend there will be very few from Michigan to accept it. Ovariotomists abound in this state who would consider it an insult to the profession, to allow a woman with an ovarian tumor to go to to Pittsburg to have it taken out. Some other scheme than a mere offer of free board and treatment, will be necessary to deprive us of our ovariotomy material.

There are only two conceivable ways in which any increment of brain-power can ever have arisen in any individual. The one is the Darwinian way, by "spontaneous variation"—that is to say, by variations due to minute physical circumstances affecting the individual in the germ. The other is the Spencerian way, by functional increment—that is to say, by the effect of increased use and constant exposure to varying circumstances during conscious life. I venture to think that the first way, if we look it clearly in the face, will be seen to be practically unthinkable; and that we have, therefore, no alternative but to accept the second.—Professor Grant Allen, in *Popular Science Monthly*.

The Canadian Lancet says that the residents of Lambton Mills, recently held a meeting to consider the advisability of extending a call to a medical man to fill the vacancy caused by the death of Dr. Beatty. A deputation was appointed to wait on Dr. Cotton, of Burnamthorpe, and ask him to settle in Lambton Mills, Ont. Our contemporary says this item is worthy of note and we agree with it, provided that Lambton Mills is a place which offers any inducement to a doctor. Perhaps when Dr. Cotton analyses the etiology of Dr. Beatty's death he may not think the "call" as complimentary as it appears on its face. The fact that the people on this side of the lines found it necessary to "call" a doctor, would be regarded with suspicion.

A Washington physician has had suit at law commenced against him, in which the damages are laid at $1,000, for preventing or failing to take the proper measures for preventing, the spread of a contagious disease in the family of the complainant. This is narrowing the responsibility of the physician down within close limits. The question will naturally arise in connection with this case, whether it is the function of the physician to prevent disease. If it is, he should certainly be remunerated for such service.

Gaillard's Medical Journal dubs those editors who complain of the copying of their extracts from other periodicals without credit, medical Jack Horners. It was little Jack Horner who sat in a corner eating a Christmas pie; he stuck in his thumb and pulled out a plum and said, "what a smart boy am I!" It isn't a very smart thing to simply scissor out a plum from a medical article, but when an editor goes through a long article with a fine tooth comb and succeeds in collecting its pith, he does legitimate editorial work and should be given his due of credit.

In Dr. Wyman's important paper in our last issue, on "A New Method of Operating for the Relief of Deep-seated Tumors," there appears a serious error, for which the chirography of the MS. is partially responsible. It occurs in the sentence "Stout ligatures were passed around the nerve at that point; and also about the constriction." "Nerve" should have been "vessel," the external carotid artery being referred to.

The adherents to the Code of Ethics of the American Medical Association in New York City, having been outnumbered in their efforts to bring the New York County Medical Society back to its allegiance, have organized a new society, to which they have given the name of New York Medical Association. At its first meeting Dr. Wm. Detmold was elected president. Dr. Austin Flint read the first paper before the society.

Braithwaite's Retrospect for January 1884, has been received. We have taken this most excellent journal since 1867, and have regarded it as one of our more binding duties to carefully read every number as it has appeared. The number before us is the 88th (44th year) that has been issued, and it is enough to say of it that it is fully up to the standard of its predecessors.

Drs. Pilcher and Fowler propose spending the approaching season abroad, and announce that the publication of the Annals of Anatomy and Surgery will be suspended in consequence. Should circumstances seem to warrant its resumption with the beginning of another year, due notice will be given. The Annals was a credit to American medical literature, and we hope to see it resurrected.

The wife of the postmaster at Serampore, India, an Brahmin lady of good social position, has recently left home to enter the Woman's Medical College, of Philadelphia, with a view to fit herself for aiding in the elevation of her sex in her own land. By this act she violates the regulations of caste and suffers social ostracism.

The latest is "Biliousine, a sure cure for Headache, Dyspepsia, Constipation, Indigestion, Sour Stomach, Heart-burn, and all Kindred Diseases. As its advertisement has attached the names of over a hundred who have found it to do all that it is claimed to do, it must be supplying the "long-felt want."

A bill has been introduced into the National House of Representatives, and has been read twice, providing for the preparation and publication of a "National Pharmacopœia." The *raison d'être* of another pharmacopœia it would puzzle the profession to furnish.

A disconsolate looking doctor on meeting a Hibernian friend attributed his sorrow to the fact that he had just returned from his vacation and found his wife in bed with cerebro-spinal-meningitis. "Howly

Moses!" says Pat., "and fwhy didn't yees shoot the Oitalian scoundrel."

Bermingham & Co., medical publishers, New York, who made an assignment on the 19th ult., wish it to be stated that their embarassment was but temporary, and that the assignee has re-assigned to the firm, which will continue the business at the old stand, 28 Union Square.

The funny bone is said to be so-called because it is at the end of the humerus.

A Manual of Pathology. By Joseph Coats, M. D., Pathologist to the Western Infirmary and the Sick Childrens' Hospital, Glasgow; Lecturer on Pathology in the Western Infirmary; Examiner in Pathology in the University of Glasgow; formerly Pathologist to the Royal Infirmary, and President of the Pathological and Clinical Society of Glasgow. With three hundred and thirty-nine illustrations.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Philips & Hunt.

The profession has been in the habit of looking to Germany for its pathological literature, as, indeed, the preëminence of that country in the science of pathology has justified it in doing. The literary style of the Germans is, however, exceedingly heavy, and so ill-adapted to the English-speaking student, that the most able translators have succeeded but indifferently well in giving us readable works. While, therefore, we had many able works on pathology reproduced from the German, there still remained a demand for a treatise by an English author, who should combine in his book German thoroughness with the superiority in style of the trained English writer. The work before us is calculated to supply that demand. It is the first systematic English work on pathology which has appeared since 1875. It is broad in its scope, combining pathological anatomy with general pathology, and herein its value as a book for both the student and the practitioner of medicine is enhanced. It does not treat of pathology as a something separate and distinct from physiology, but rather regards it as but a disturbance of the latter. To do otherwise would be as irrational as to divide meteorology into a science of good weather and a science of bad weather. It defines pathology as "the study of diseases in their essential nature," and this definition affords an indication of the nature of the book. It treats first of the general systemic disturbances and afterwards of localized affections, and abounds throughout with evidences of the fact that its author is a practical teacher and physician.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science and their Applications in Medicine and Pharmacy. By John Attfield, F. R. S., M. A. and Ph. D. of the University of Tübingen; F. L. C.; F. C. S.; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain; formerly Demonstrator of Chemistry at St. Bartholomew's Hospital, London, etc., etc. Tenth edition, specially revised by the author for America.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Philips & Hunt.

Any further notice of a work which has run through nine editions, than to note the appearance of the tenth and to state that the publisher has presented it in excellent shape, would be manifestly uncalled for. Attfield's Chemistry certainly needs no introduction to the profession of this country.

A Manual of Practical Hygiene. By Edmund A. Parkes, M. D., F. R. S., Late Professor of Military Hygiene in the Army Medical School, Member of the General Council of Medical Education; Fellow of the Senate of the University of London: Emeritus Professor of Clinical Medicine in University College, London.
Edited by F. S. B. Francois de Chamont, M. D., F. R. S., Fellow of the Royal College of Surgeons of Edinburgh; Fellow and Chairman of Council of the Sanitary Institute of Great Britain; Professor of Military Hygiene in the Army Medical School. Sixth edition, with an Appendix giving the American Practice in Matters Relating to Hygiene, Prepared by and Under the Supervision of Frederick N. Owen, Civil and Sanitary Engineer. Vols. I and II.
New York: William Wood & Co.

The two volumes before us are, respectively, the September and November numbers of Wood's Library of Standard Medical Authors for 1883. Parkes' Hygiene has long been the standard text book on its subject. Its completeness from the first has left it practically without a rival since its first edition was issued. Being devoted to both sanitary science and personal hygiene it covers a vast and important field and its compression into the two convenient volumes of Wood's series but enhances its value.

Veterinary Medicine and Surgery, in Diseases and Injuries of the Horse. Compiled from Standard and Modern Authorities, and Edited by F. O. Kirby. Illustrated by four plates and 168 wood engravings.
New York: William Wood & Co.

This volume completes Wood's Library for 1883. It was "prepared with a desire to present in a concise form, a practical manual of the diseases and injuries of the horse, and their treatment, for the use of practitioners of medicine and other intelligent horse owners." We presume the professional veterinarian would look with but little favor on this book, not so much on account of its being something of an epitome, as because of its being calculated to assist others than veterinarians to doctor their own horses. This argument, however, is scarcely tenable when brought to bear against physicians. An intelligent physician in possession of the few peculiarities of veterinary practice which the book before us may instruct him in, should certainly be as competent to treat a horse as he is to treat a child, and there is nothing *infra dig.* in his so doing.

Pathological Specimens.

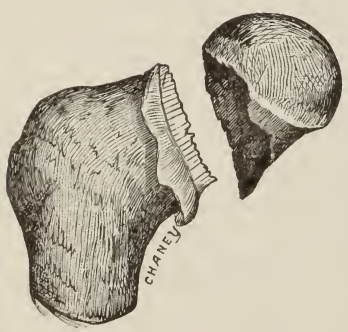
BY H. O. WALKER, M. D. READ BEFORE THE DETROIT MEDICAL AND LIBRARY ASSOCIATION, JANUARY 21, 1884.

Intra-Capsular Fracture of the Neck of the Femur.—Mrs. M., aged 53, while walking on an icy veranda, December 27, 1883, slipped and fell heavily, striking upon the right trochanter (as nearly as could be ascer-

tained). On attempting to rise, she found herself unable to do so, with entire loss of power in the right leg, considerable pain at point of injury, and had to be carried to her bed. Dr. J. J. Moore, of Farmington, Mich., who was sent for, discovered and diagnosed intra-capsular fracture, which he put up with a long splint. No crepitation was discovered at the time of examination, but the manner of injury, shortening, eversion, relaxation of the fascia between the ilium and trochanter, together with the other symptoms, made it quite plain to the doctor's mind what he had to deal with.

The patient did nicely until the morning of January 6th, 1884, when, after eating a hearty breakfast, she suddenly died.

The suddenness of the death, and the intimation of officious friends that the doctor was mistaken in his diagnosis, made it quite desirable that a post mortem examination be held, which I made January 10th, 1884, one hundred hours after death, assisted by Drs. Moore, Chaney, Tucker and Shotwell. The important part of the examination was that of the fracture, although the cause of immediate death is not without interest, namely. pulmonary embolism, extending from right ventricle through the artery and its branches into the lungs. The embolism was undoubtedly fatty, a frequent result in fracture, although I did not verify this fact microscopically. The lungs, heart, liver, spleen, kidneys, stomach, and intestines were normal, with a tendency to fatty degeneration of liver and kidneys. The brain was not examined. On inspection of the right lower extremity there was shortening of an inch and a quarter, eversion of the foot, with the heel resting on the internal malleolus of the other leg—also considerable depression above the trochanter, in comparison with the other side. Gentle extension relieved both the shortening and depression. Crepitus was quite manifest with manipulation and firm pressure over trochanter. A free longitudinal incision extending well above and below the trochanter revealed the capsular ligament intact. The line of fracture as



you observe in the specimen, is irregularly transversely downward with a wedge-shaped projection from the upper portion overlapping the other from behind. The compact tissue of the superior circumference of the neck is exceedingly thin, almost like parchment in places, while the lower is about normal in thickness. The cancellated tissue presents evidence of impaction with considerable disturbance, owing, undoubtedly, to the manipulation at the time of examination. The periosteum was ruptured the entire circumference of the neck. This specimen is interesting from the the fact that it is a verification of intra-capsular fracture of the neck of the femur.

Rapid Lithotrity.—This specimen of vesical calculus which I show you, is from my eleventh operation by the method of rapid lithotrity.

Mr. J. R., aged 74, came under my observation Jan. 16th, when I examined him and easily detected stone in the bladder.

His first symptoms of bladder irritation date back a period of two years, following a severe attack of renal colic, at which time he undoubtedly passed a renal calculus that remained in the bladder. His symptoms had become very much aggravated of late, necessitating frequent and painful urination, attended with extreme debility. There was not much enlargement of the prostate, not as much as might have been expected in a person of his age.

As he was quite desirous of having something done immediately, I made arrangemenis to operate the second day following. Although the case did not present the best possible chances for success, yet in the choice of operations I deemed rapid lithotrity the preferable method.

Jan. 18th, having previously directed that full doses of quinine and a slight saline cathartic be given, also ascertaining by urinary analysis that the kidneys were free from disease, I operated. First dividing a contraction of the urethra 20 F. near the meatus to 26 F., the lithotrite was introduced without difficulty, and the stone readily seized, the first seizure being one inch. After sufficiently crushing it I used the evacuator, using a No. 26 F. The evacuation was performed slowly and accomplished in just one hour from the time of the commencement of the anæsthetic, removing 270 grains. Some evidence of shock being manifest, the patient was enveloped in warm blankets, and with bottles of hot water to his axillæ and feet he soon made a complete rally from the operation. Ordered sulph. morph. ¼ grain, at once, and continued sulph. quinine grs. v three times a day.

I saw him again in the evening, when he was suffering considerable pain and I administered hypodermically a quarter of a grain of sulph. morph., which made him comfortable for the night.

Jan. 19. Feels much better and retains his urine about two hours with only a slight smarting after the act.

Jan. 20. Has not had a very good night owing to a dose of buckthorn cordial which caused considerable abdominal pain.

Jan. 21. Is very comfortable and retains his urine from 4 to 6 hours.

Thus far there has been no rise of temperature nor do I expect any from the operation. The success in this case is largely attributable to the gentleness of manipulation of the lithotrite and of the evacuating apparatus.

A Case of Intussusception of the Ileum Following a Kick.

BY DAVID STOVEL, M. D., DETROIT, MICH.

On the evening of January 1st I was called to see a little boy, seven years old, who had been thrown down and kicked in the abdomen by a boy some few years older, three days before. On my arrival I found the little fellow suffering great pain in abdomen. There was a slight bruise about two inches to the left and the same distance below the umbilicus, being the spot where he always placed his hand when asked where he was kicked. Temperature 103°, pulse 125. I was informed that since he was kicked he had vomited "bilious matter" two or three times, and that "nothing would stay on his stomach." He had, however, since the accident taken a tablespoonful of castor oil with three drops of turpentine, which he retained; it failed to secure a motion of the bowels. Linseed meal poultices had also been applied.

Finding a case of acute peritonitis, the abdomen being very tender and much swollen, I ordered my favorite anodyne lotion, composed of tinct. aconite, tinct. arnica, tinct. opium and fl. ext. witch hazel, ää 3 j., to be put into a quart of water as hot as could be borne, and a flannel three thicknesses to be wrung out of it and applied over the abdomen, and covered with a dry flannel. I also ordered an enema of a little more than half a pint of tepid soap and water, and if not retained to give another unless the bowels moved.

Internal treatment:

℞ Liquor ammoniæ acetatis..... 3 j
Tr. aconiti..... ..... ℥j
Tr. opii..... ℥j

M. Sig. Every two hours.

Called the following morning and found the little fellow's temperature down to 100°; pulse 100 and feeble. No fæces had passed his bowels; when they gave the enema he passed nearly a quart of blood with several clots in it. I now ordered turpentine stupes and put him on opium in quarter-grain pill every two hours until relieved, and two grains of sulph. quinine in capsules every four hours. On my return at noon I found that he could not retain the capsules, but did the pills, which, although given every two hours, did not relieve the pain. Neither had the turpentine made any impression on the tympanitis, not even making the abdomen red. I then gave the quinine in a solution, to be given every two hours in one-half the quantity, and gave the opium every hour until relieved. In spite of the opiate sleep, for more than a few minutes at a time, could not be secured. In the afternoon the parents of the boy who did the kicking, having seen the sick child, sent their family physician, Dr. C. C. Yemans, to consult with me. The doctor was satisfied with my diagnosis and treatment, and said he would not return, but he thought with me that it would be unadvisable to give any purgatives. The child continued to get weaker for several days. He could not retain any nourishment if taken in more than teaspoonful doses. The parents being very anxious called in consultation Drs. Encke, Law and Kelly, all of whom agreed with the diagnosis and treatment, except that it was thought best not to give any more enemas for fear of rupturing the bowels, as by this time the abdomen had become greatly distended and nothing that was applied would reduce it. The child was now taking one-eighth grain morphine pills, as the opium did not seem to control the pain. He steadily grew weaker as he could not take any nourishment, either liquid or solid. On the tenth Dr. Pease saw the child and with the rest thought nothing more could be done. The child now began to vomit stercoraceous matter. On the morning of the eleventh when I called, I found the child just dying, having vomited more than one-half a gallon of fæcal matter some time before.

A coroner's inquest was called and postponed until after a post mortem should be had, which was held by City Physician Owen in the presence of Drs. Webber, Yemans, Law, Shackleford and myself.

The little bruise was still visible, the abdomen somewhat reduced. The peritoneum was inflamed; so also the ileum, which was very much distended; and after a very careful examination, Dr. Owen found an invagination of the ileum of 5½ inches, commencing about one foot from the cæcum, and it had twisted one-quarter around, thereby completely occluding the passage. About two inches of the lower end of the invagination had sloughed, and at the upper end the peritoneal surfaces had set up adhesions for 1¼ inches. The ascending, transverse and descending colon were almost empty and in a healthy condition.

680 Michigan Avenue.

Ophthalmia Neonatorum.

BY WALTER J. CREE, M. D., MILLBROOK, MICH.

A short time ago I was shown a case of ophthalmia neonatorum by an old practitioner, who explained as being the cause of the trouble, the improper use of instruments at the time of delivery, and soundly berated the accoucheur.

The case had been under treatment for several days, large poultices of linseed sprinkled with laudanum were kept constantly applied; eyes were bathed when the poultices were changed. There was no visible improvement, and the same treatment was ordered to be continued.

After leaving the house and while referring to the disease and this case in particular, I rather upset the dignity of the old gentleman by not agreeing with his plan of treatment, and was told "that if I knew more about it than he did, to take the case." I accepted his offer, and as soon as possible visited the patient. The lids were puffed to an immense size, partly glued together and discharging a large quantity of pus. I discontinued the poultices and ordered the eyes bathed with hot water every hour,

using a piece of soft cotton rag, and to protect the eyes from light. After the first washing, I could evert the edge of lids slightly, and applied once daily the following solution, immediately washing off with water:

℞ Argenti nitratis.....gr. v.
Aquæ ..... ʒ j.

To the edges of the lids I applied an ointment of,

℞ Hydrarg. oxid flav.....gr. x.
Cosmoline..... ʒ i.

Thereby keeping the lids separated and facilitating the flow of pus. In a few days a slight view of the cornea was had, the right one in good condition, the left a slight erosion, below and to the inner side of the pupil; on this I flaked hydrarg. chlor. mite, daily.

In about four weeks there was a very slight discharge of mucus, less intolerance to light, and both eyes in an apparently normal condition. The left cornea under the above treatment healed rapidly, leaving a very slight leucoma, interfering very little, if any, with vision.

On questioning the mother I learned that previous to and at the time of delivery she had been troubled with an excessive leucorrhœal discharge—the cause in my judgment, of the trouble.

The strength of the solution of argentic nitrate was gradually lessened as the case improved.

A Case of Pudendal Hæmatocele.

BY HENRI G. M'GREW, M. D., HONOLULU, H. I.

On Thursday, December 27th, I was called to attend Mrs. ———, a Portuguese woman. Found the patient had been confined three days previous, having been attended by a midwife, and was now suffering great pain and distress, referring the pain to the genital region. Questioned concerning her labor, but she said she had no particular trouble, everything being natural. I then made an examination of the parts, and found a *pudendal hæmatocele*, about as large as a small-sized orange, affecting the left labium. The tumor was very painful and sensitive to the touch. The parts were in anything but a cleanly condition, having been sadly neglected in that respect, probably on account of the very extreme sensitiveness. Ordered a thorough cleansing of the parts externally, and then gave a vaginal injection of tepid water, weakly carbolized. Kept a somewhat stronger carbolized solution applied locally, by means of surgeons' lint, which application relieved to a great extent, the extreme soreness. Anodynes were administered to produce sleep at night. On the third day after I saw her the tumor ruptured, discharging a portion of a large clot of blood. The remaining portion of the clot I removed by introducing my finger and turning it out of its nidus, washing the sac out thoroughly afterwards with a carbolized solution. No hemorrhage followed this procedure. I might state that there was no obstruction to urination in this case. The bowels were kept open by enemas. This simple antiseptic treatment was kept up daily. The sac gradually filled up by suppurative inflammation, and when I last saw the patient nothing remained but a small granulating sore about the size of a half dollar, which the patient dressed herself daily with a little carbolized vaseline on lint.

Diphtheritic Paralysis.

BY WM. BRODIE, M. D, PROFESSOR OF CLINICAL MEDICINE, MICHIGAN COLLEGE OF MEDICINE, DETROIT, MICHIGAN.

As any information to the profession bearing upon the treatment of diphtheria and its sequelæ is of value at the present time, I take this opportunity of directing attention to the treatment of that result called Diphtherial Paralysis.

My own observation has taught me that tonics and fresh air are generally sufficient to cause the parts implicated to return to their normal condition. This paralysis is not always confined to the palate but also extends to the extremities, particularly to the fingers, causing loss or lessening of both sense and motion. Sometimes sensibility is alone affected while motor power remains. Sensation is more generally affected than motion. However, the palsy of the palate is the part that gives the greatest concern to the patient, as the interference with speech more particularly calls the attention of friends to the unfortunate results. This condition called *nervous aphonia* often persists after the best of treatment. The New Sydenham Society has just issued "Selections from the clinical works of Dr. Duchesne (De Boulogne) translated by G. W. Poore, M. D., (London,) F. R. C.P., in which I find that local faradisation has been successful when other measures have failed: "The Faradisation was applied by placing both the rheophores externally over the laryngeal region and by placing one externally and introducing the other into the pharynx. By directing the end of the rheophore over the sides of the inferior constrictor, it is possible to reach the *recurrent* laryngeal nerve which animates the whole of the intrinsic laryngeal muscles."

New York Neurological Society—Stated Meeting, 8th, 1884.

DR. WILLIAM J. MORTON, PRESIDENT, IN THE CHAIR.

Note on the use of the menthol cone as an anodyne. —Dr. E. C. Wendt showed a little contrivance, called by the Germans "*migräne stift*," and explained the method of its application and uses. It consists of a piece of menthol moulded into a conical shape and secured in a little wooden box, closed by a cover to prevent evaporation, soiling, and breaking

It seemed to be very little known here, although it was much used abroad especially for sick-headache.

His attention had been first directed to the anodyne properties of menthol by a short notice, published in the Medical Record, of April 28th, 1883, by Dr. Cammann.

That gentleman had recommended an alcoholic solution of menthol (℥ j to ℥ ss alcohol) to be painted over the affected parts. Dr. Wendt had since that time often use this solution, and found it a rather reliable anodyne.

Its pain-relieving action was restricted, however, to the slighter ailments, especially those of a neuralgic character. Since his acquaintance with the solid menthol-cone, he had frequently substituted the direct application of menthol by means of the latter, for the solution formerly employed. He would admit that the only advantage which the solid cone or pencil had over the solution consisted in the greater simplicity of its application; its ready portability, and the fact that its vapor was not apt irritate the eyes of susceptible patients. He had repeatedly heard complaints in that direction from ladies, regarding the solution, which was obviated using the cone.

In this country menthol has not yet received that amount of recognition from the profession, to which its pain-obtunding properties would seem to entitle it. In fact, little seemed to be known about it, and for this reason, Dr. Wendt thought it might not be amiss to quote a descriptive notice which had appeared in the Midland Medical Miscellany, of Oct., 1883.

"Menthol or menthylic alcohol, $C_{10} H_{20} O$, is a crystalline substance, deposited from the oil of peppermint, prepared in China and Japan from *Mentha Arvensis var. piperascens* and *glabrata*."

It formed the chief ingredient of a much valued remedy, for neuralgia before its nature or source was generalle known. Under the name of Po-ho-yo, or *Gouttes Japonaises*, it has been sold in small bottles, labled with Chinese characters.

It is a white crystalline stearoptene, melting when pure at 97° Fahrenheit, and is obtained by the Japanese from the oil of peppermint, by submitting it to freezing several times in succession until no menthol crystallizes out.

It is also said to be contained it the American and English oils of peppermint, but probably in small quantities only. It is somewhat surprising that the Japanese peppermint plant which is grown in England as a curiosity has not been cultivated in that country, as a source of the drug, the supply of menthol being uncertain, the demand great, and the price in consequence occasionally very high.

Menthol is said to be sometimes adulterated with crystals of Epsom salts, to which it bears a great resemblance. These being insoluble in alcohol or chloroform, in which fluid menthol is freely soluble can easily be detected. Samples of fine crystals sometimes contain some essential oil, adhering to them, a fact which must be taken into consideration when the menthol is made into cones or pencils.

Menthol is but slightly soluble in water, although imparting a strong odor and taste to that liquid, and is soluble in aqueous alkalies. It is soluble in fixed and volatile oils and in ether.

Although Dr. Wendt's experience with menthol had not yet been a very extended one, it had nevertheless been sufficient to convince him of the utility of the drug, in a rather large class of cases. Thus as already stated, he has found it a pleasant and reliable anodyne, in all the lesser neuralgias, and especially in those so frequently occurring about the face. But it was also serviceable in many painful affections, due to inflammatory processes. For example in mumps, in the cervical adenitis so often accompanying sore throat and in numerous other affections, where pain was a prominent symptom, menthol might be used to advantage. With regard to its topical action it was similar to that of aconite, over which it had the advantage of not being poisonous.

Dr. Wendt remembered one rather striking case of quite severe supraorbital neuralgia, which refused to yield to the oleate of aconitia; but was much benefited by the menthol. But on the whole, in violent attacks he had found it almost useless. In typical migraine, for instance, where the pain was at all severe, and in all deep-seated aches, of more than very moderate intensity it had no appreciable effect, except perhaps the indirect psychical action of distracting the sufferer's attention.

In the discussion which followed these remarks, Dr. Roberts asked Dr. Wendt, if he had tried the prolonged application of menthol.

Dr. Wendt said that he had in some cases of hemicrania, though without decided benefit. Nevertheless, the patients experienced a pleasant sensation of coolness of the surface followed by a feeling of agreeable warmth.

Dr. Morton desired to ask Dr. Wendt, in what sense he used the anodyne. Dr. Wendt said in the usual one of affording relief from pain by blunting sensibility.

Dr. Morton thought that menthol probably acted more after the manner of counter-irritants, by insuring relief in a reflex rather than directly local way. Mustard was a typical peripheral nerve-irritant, and it seemed to him that the action of menthol could be best explained on the same principle, of procuring peripheral nerve-impression in a reflex way.

Dr. Morton continued that his attention had been first called to the menthol cone by Dr. Wendt. He chanced to be at the latter's office one day, when suffering from a headache. A few strokes of the menthol gave him at once a sense of relief. He felt the effects of the peppermint to be as gratefully cooling as the application, say of cold metal. In brachial neuralgia, as well as in sciatica he had been pleased with the good effects of menthol.

He thought the drug was deserving of further trials.

Dr. Ralph L. Parsons then read a paper on

Detention in Asylums.—The reader spoke first, of the question: whether sane persons were not often improperly or unjustly detained in asylum for the insane; and secondly, whether many uncured and incurable patients who were now methodically detained in asylums might not advantageously be returned to their relatives, or placed in the care of private families under state supervision.

It was assumed in the first instance that the detention of patients after recovery had taken place, for a longer time than might be required, was quite possible and even probable in some instances. But he claimed that such detentions were not usually of serious import to the patient; that on the other hand too early discharge might be more injurious. It also admitted that maliciously unjustifiable detentions were quite possible, as any other sort of injustice is possible on the part of persons holding positions of power and responsibility. But reasons were urged by Dr. Parsons, in support of the belief that such malicious detentions were at least very rare; that sentiments of honor and professional pride were strong deterrents, to say nothing of the great danger of detection in the commission of the wrong, and the ease with which patients who were decidedly insane obtained their enlodgement through the intervention of the courts.

Cogent reasons were given why various classes of convalescents ought to remain under asylum care for a period of time after they appeared to be well; as for instance, when they would be immeniately subjected to the exciting cause of their insanity on their return; when the progress toward con valescence had been characterized by relapses, or when dangerous delusions had been entertained and had faded away so gradually that there were difficulties in judging whether they had passed away entirely.

But on the other hand the discharge of certain uncured curables before they were well advised, as when after making a certain degree of improvement stopped and the patient seened to retrograde. It might be safe and highly advisable to discharge some of these patients before they were well.

The major part of the paper was devoted, however, to an advocacy of the discharge from the asylum of harmless incurables, and their return to the care of their friends, or placing them with ordinary families as boarders, and in some sort, as members of the families. It was claimed by the reader that, however comfortable and happy such patients may appear to be in large asylums, there are many causes of annoyance and discomfort that would not be experienced in ordinary family life; that notwithstanding the fine builnings they occupy and their freedom from care they are still prisoners and exposed to many disagreeable associations and associates.

Quotations were made from Dr. Bucknill and from Dr. Maudsley, strongly supporting these views.

The question was then considered, what classes of incurables might safely and with benefit, be released from asylum restraints? Since in the case of a great majority of such patients, and moderate cost of maintenance would be essential those only would be adopted who were quiet and orderly and would require no especial attention or supervision. Habits of industry would be favorable.

Whether such patients would do better with their relatives, or with strangers would depend on the circumstances of the family, the state of health, the surroundings, the feeling or notions of the patients, etc. It would be found, however, that many patients who would not do well with their own kindred, would be happy, contented and useful with congenial strangers. It would be impossible for the patient to resume his former position and influence in his own family, and hence he would be subjected to irritating restrictions and annoyance there.

As a preliminary measure, a system of legalized furloughs was advocated, to the end that at first the patient might still be under legal restrictions and easily returned to the asylum, if the trial at large should prove a failure.

Properly constituted authorities should make the selection of patients for the trial, with the assistance and under the advice of the asylum superintendent.

The families in which the patients should be placed, should be selected with great care. While at first there might be found very few suitable famlies who would assume the charge, it was thought that, when a beginning had been made plenty of suitable homes would be offered. Reference was made to the multitude of respectable and responsible famlies who take summer boarders for a moderate compensation and the probability that some of these families would prefer one or two permanent patient boarders, to a number of sane boarders, for a short season during the busiest portion of the year. A suitable system of visitation and of reports was advocated. The paper closed with the following summary of conclusions, to wit:

1. That, inasmuch, as many recoveries take place in asylums for the insane, it is to be expected that some convalescent patients may at any time be found in the wards.

2. That while possibly, now and then, a convalescent patient may be detained on probation an unnecessary period of time, such cases are not of frequent occurrence, nor important in their consequences when they happen; and that when do occur the detention is very rarely indeed through criminal intent.

3. That many harmless incurables are unnecessarily detained in asylums for the insane; that these incurables would be happier in the ordinary family life and associations, and that systematic efforts should be made to secure their enlogement and their establishment under family care.

4. That under certain circumstances curable

patients should be removed from asylums restraint and associations while yet uncured.

Owing to the lateness of the hour, the discussion upon Dr. Parson's paper was postponed until the next meeting of the Society.

Vaginitis and Vulvitis.*

BY ALEXANDER J. C. SKENE, M. D., PROFESSOR OF GYNECOLOGY AND SURGEON TO THE LONG ISLAND COLLEGE HOSPITAL.

GENTLEMEN: The first case to which I call your attention is one of vaginitis. This patient complains of a discharge from the genitals, and upon examination we find this discharge to be leucorrhœal in character. We also find a prolapsus of the anterior vaginal wall. The previous history of this case tells me that we have missed the opportunity of seeing its pathology when most marked. When she presented herself at the clinic a few weeks ago, she gave a history of acute vaginitis; she then had the profuse purulent discharge so characteristic of this disease. The fact that this was developed abruptly has its significance; bear that in mind, because in diagnosticating the cause of vaginitis we often have much difficulty. It is not easy to differentiate beween an ordinary vaginitis which is caused by uterine disease, and the specific vaginitis which is of gonorrhœal origin. The most important point in the history that I know of, is in the difference of the onset of the attack. In the benign or non-specific variety, it comes on slowly, the patient usually having the history of some preëxisting uterine disease, and then by degrees the vaginitis is developed, slight at first, and gradually growing worse; whereas the specific vaginitis is developed promptly, and is more likely to begin at the introitus and extend upward,—that which is consequent on uterine disease descends downward, and rarely involves the urethra and meatus. These points are important, and we should always bear in mind, as it is impossible to differentiate by the mere physical signs. I have seen, especially among insane people, a vaginitis which I knew was not gonorrhœal, as there was no means by which the disease could be contracted, and yet it was extremely difficult to be sure that it was non-specific, and due only to some uterine disease or to the filthy habits of the patient herself. In these large asylums, it being almost impossible to keep the patients clean, so that a vaginitis once started is likely to become severe, I have seen vaginitis so marked that I could not distinguish its character by the physical appearances, and I was enabled to make the diagnosis only because I knew the patient could not have been exposed to the specific cause.

When a vaginitis begins abruptly; when it involves introitus, meatus, and urethra; and when you find that it does not extend the entire length of the vagina, you may take it for granted that it is specific—this is a strong evidence in its favor. Or if you have the good fortune, as I did the other day, *i. e.*, a gentlemen, whose wife was under my care, came to me and said, "Doctor, I am afraid you may find new developments in my wife's case, as I have exposed myself;" now when you have a history of that kind and which develops under your observation, than you know what it is.

In reference to our patient here is a case of specific vaginitus, and Dr. Cushing, under whose care she has been, has almost relieved her of this difficulty.

As regards the treatment of this disease, it is simple and always satisfactory, if you adopt the best possible means of management. The great object is to keep the parts clean; the longer this purulent formation is allowed to remain in contact with the tissues the more it irritates and aggravates the disease. We could cure a vaginitis in a few days if we could keep the vagina perfectly clean.

In some neglected cases I adopt this plan, viz., separate the inflamed vaginal walls, and keep them apart by marine lint, so that the moment the purulent discharge is thrown out it is absorbed; it is simply a method of treatment according to the rules of antiseptic surgery, disinfecting the parts as the discharge forms. The douche, however, is very effectual. It prevents the accumulation of the discharge; if you allow the patient to lie on her back with the hips elevated, and then use the fountain syringe for half an hour four or five times a day, you will succeed in your treatment very well. It is not so much the preparation which you use, as the thoroughness of its application, and the care and frequency with which you use it; keep the surfaces of the mucous membranes perfectly clean, that is the great object.

I saw the other day, in one of the English journals, a mode of treating gonorrhœa in the male by just this method; using the return-current urethral douche, and then introducing a medicated bougie to keep the surfaces apart. The record of the length of time required to effect a cure in these cases was from three to ten days; and those who have had the treatment of such cases know that this record is most extraordinary. I saw at once that the surgeon secured his good results from this method of perfect cleanliness, and it confirmed my experience that this vaginitis can be cured in the same way.

Another point in the disease is that it is very liable to remain latent in some fold of the mucous membrane; generally behind the cervix the disease will lodge and linger. I learned a very important lesson when I first commenced the practice of gynecology. I had a case of vaginitis which I cured repeatedly, but she did not remain cured, and finally I sent her to the late Dr. J. Marion Sims; he wrote me a very kind letter, and told me that I had overlooked a little pocket where this disease lingered, and that from this point the disease again started. He told me to expose the parts with his speculum, and I would find this little pocket behind the cervix in

*A Clinical Lecture, delivered at the Long Island College Hospital, and reprinted in the Medical News of January 12, 1884.

the fold of the mucous membrane, and which I had failed to cleanse with my douche. I then carefully examined the patient, and found it as he described; then carefully cleansing the parts I had no difficulty in effecting a permanent cure.

This trouble, when it involves the urethra, is liable to creep up into the two urethral glands which lie just within the meatus, and remain there; so that you may cure the vaginitis, and it will then start afresh from this source. After I had called attention to the anatomy and pathology of these glands, as secreting the gonorrhœal discharge, a physician in Illinois published two cases, those of husband and wife, which he had cured repeatedly of gonorrhœa, but the disease constantly returned. He then discovered the gonorrhœal inflammation of these glands; apparently to all external appearances the parts were looking well, but by pressure apon the urethra of the woman he could cause a little drop of matter to escape. He then laid the ducts open and was enabled to cure the disease.

If you will remember these two points, you will have no difficulty in treating vaginitis, and your patient will not return in a few days and inform you that your treatment has not effected a permanent cure.

Case II.—My next patient is a little girl, whom I understand is suffering from vulvitis or vaginitis. I have already presented such cases to you, and told you that this occurs in those children suffering from struma or ascarides, and sometimes in those who are tolerably healthy, who, running around until they become excessively warm, sit down upon a cold stone and take cold, getting up a little catarrhal inflammation of the vulva. Now here we have the physical signs, in quite a marked degree, of the ordinary catarrhal or purulent vulvitis which occurs in children. The outer parts of the vulva are covered with dried pus, while further in are little masses of muco-purulent material. This is just such a case as you will often meet with, and I desire you specially to notice the character of this discharge. The vulvitis is exceedingly annoying, and not uncommon, by any means; it is also very difficult to cure, unless you have great patience. They are extremely difficult to cure in case they are complicated with vaginitis. Now I presume, from my present examination, that there is only vulvitis; I will tell you why: because she has the characteristic discharge of vulvitis alone, that is, a muco-purulent discharge, somewhat tenacious—you observe how it hangs together. When vaginitis is present with the vulvitis, we get a milky discharge, very abundant. I have seen a little girl of this size who would saturate her garments with the discharge so that when they were dried they would be as stiff as if they had been starched. From the absence of this profuse milky discharge I am inclined to think that we have vulvitis alone, and no vaginitis. In vaginitis, even though the vaginal discharge be purulent, it remains fluid, not tenacious like that which comes from the vulva. You will usually be able to make your diagnosis by the character of the discharge.

This child is also suffering from otorrhœa; and, more than that, she has a sister who suffers from this vulvitis; so I have no doubt in my mind, from the fact that both of them have it, that is due to a scrofulous diathesis; for, as you are all aware, in that peculiar constitutional condition we are prone to have inflammations of the mucous membranes. They are the little ones who get up this inflammation of the eyes, this blenorrhœa at birth, and, if they escape that, they may have the condition which you see in this child.

In reference to the management of cases of blennorrhœa the oculist will tell you that this a matter of care and cleanliness. It is precisely the same in vulvitis and vaginitis; if you will only keep the parts clean, they will get well. This, however, is no easy matter when treating the poorer classes. The longer you permit this discharge to remain, so much the more will this inflammation be kept up. This little one should be bathed constantly, every two or three hours during the day; carefully wash the parts with a little borax and water, and then apply some dry powder; the one that I prefer is bismuth mixed with a little chalk; have it finely powdered and dust it on; iodoform also answers the same purpose, but the odor is not very pleasant. These applications have a soothing and quieting effect upon the mucous membranes, and keep the surfaces apart. This is a very important item in treatment, because two inflamed parts lying in apposition cause an internal irritation.

In vulvitis this is about all you will have to do locally. You must keep up persistent cleanliness, and also attend to the general health of your patients; build them up with good diet, cod-liver oil, iron, and so forth. If you do that, they will get well. But it is otherwise if you have vaginitis; you then have to use vaginal douche, carrying it up carefully to the end of the vagina, and carefully wash the part with a solution of borax and water, afterwards washing it with a mild solution of zinc or hydrastis canadensis. These cases are extremely difficult to cure, because the mucous membrane of the vagina is full of deep rugosities, and the wash does not come in contact with all parts. You therefore require to distend the vagina as much as possible while using the local applications, but even then there may be little places where some of the discharge will remain, and by and by it will beget the old trouble anew. Some authors say that if you have tried all these means and failed, it is better to place the patient under an anæsthetic and then, distending the vagina, touch every part of the mucous membrane with a solution of nitrate of silver, and follow it up with a douche.

This is about the outline of the treatment required; eternal vigilance is the price you have to pay for success. Still more, you must superintend the treatment yourself, unless you have a very intelligent mother or nurse to carry out your instructions.

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PUERPERAL FEVER BEFORE THE N. Y. ACADEMY OF MEDICINE.—The question of the prophylaxis and treatment of puerperal fever was brought before the New York Academy of Medicine, in December last, through a paper by Dr. T. Gaillard Thomas. The importance of the subject, the qualifications of the essayist to speak with authority, and the unusual, and somewhat extreme, measures recommended by him, combined to excite an interest in the paper, and the discussion thereon, which has by no means been confined to New York. While the general practitioner may learn through his experience to decide in his own mind as between the efficacy of different lines of treatment in particular diseases, his convictions are largely settled and crystallized by the opinions of specialists who have enlarged opportunities for the study of these diseases. In the present instance, the disease under consideration, and the plans of treatment of which in vogue, are of such a nature as to vest the latest views of the New York specialists with peculiar interest. The discussion before the Academy was brought to a close at the meeting on the 7th inst. It is to be regretted that a greater unanimity of opinion did not prevail, as touching the practical features of this too fatal affection, but the prevailing sentiment on moot questions cannot but exert a considerable degree of assimilative influence on professional opinion in this country. Dr. Thomas' paper lacked none of the clearness and polish of diction which have come to be regarded as inseparable from the productions of his pen, and the language in which it was criticised was remarkable throughout for its outspoken though ever courteous directness. Our New York brethren have set the profession a worthy pattern in this matter, and one which it would be well for medical societies generally to copy. They have exhibited the faculty of giving and receiving most cutting blows without the suspicion of personality. Dr. Fordyce Barker's caustic criticism, richly seasoned with ridicule, of Dr. Thomas' views and the latter's reply thereto are model illustrations of this faculty.

Our space prevents an exhaustive resumé of Dr. Thomas' paper, and we are oblieged to confine ourselves to the brief statement of the conclusions which we have drawn therefrom. Dr. Thomas holds puerperal fever to be a septicæmia due to the entrance into the system of bacteria. The puerperal woman, he maintains, furnishes a soil peculiarly adapted to the growth of these germs, being rich in fibrin. This excess of fibrin favors also a tendency to the formation of thrombosis in the heart and blood-vessels. The nervous system, too, is in a condition of hyper-excitability, and is peculiarly susceptible to influences which are quite controllable in the non-puerperal state. The convulsions, mania and spasmodic affections of the puerperal woman give evidence of this fact. The entrance of micrococci into the system is favored by the lacerations, more or less extensive, to which the uterus and vagina is subject during parturition. The acceptance of these views makes the adoption of the antiseptic plan of prophylaxis a natural sequence, and Dr. Thomas lays down the following "ten commandments" for the carrying out the treatment:

(1.) The lying-in chamber should be divested to as large an extent as possible of unneccessary upholstered furniture, curtains and carpets, and the walls and wood-work should be thoroughly washed in a ten-per-cent solution of carbolic acid or a solution of corrosive sublimate, one part to one-thousand.

(2.) The nurse and physician should be thoroughly clean, as to both their persons and clothing, and free from exposure to the effluvia of any septic affection. Neither of them should have been exposed within a

fortnight to the effluvia of any contagious diseases; and prior to entering upon their duties their entire body, and especially their hair and beard should be bathed with an antiseptic solution. Dr. Thomas prefers a saturated solution of boric acid for this purpose.

(3.) As labor sets in, the nurse, her hands and finger-nails having been thoroughly cleansed and soaked in an antiseptic fluid, should administer to the patient a warm vaginal injection of an antiseptic character. This should be done every four hours during labor, and a napkin wrung out of the antiseptic fluid should be kept over of the genital organs until the birth of the child.

(4.) The doctor, as well as the nurse, before entering upon his peculiar office, should thoroughly wash his hands with soap and water, scrub the nails with a stiff nail-brush, and soak the hands for several minutes in a corrosive sublimate solution of one to a thousand.

(5.) After the expulsion of the child care should be taken that all portions of the placenta and membrane s have been removed, and ergot should be administered in moderate doses three times a day and kept up at least for a week for the complete closure of the uterine cavity, expulsions of clots and the occlusion of the utero-placental vessels.

(6.) The doctor should closely examine the vulva of the patient at the close of labor. If the perinæum be found lacerated it should be at once closed by suture. Slight solutions of continuity should be dried by pressure of a linen cloth touched with equal parts of sol. ferri persulphate, and carbolic acid, again dried thoroughly by pressure with the cloth and then painted over with gutta percha collodion.

(7.) In six or eight hours after the labor, when the patient has rested, the vagina should be syringed out with the antiseptic solution indicated, and a suppository of cocoa butter, containing from three to five grains of iodoform, should be placed within it under the os uteri.

(8.) These vaginal injections and suppositories should be repeated in cases of normal labor every eight hours. In cases of difficult or instrumental labor, twice as often, and they should be kept up for at least ten days, the nurse observing to the last the precaution already mentioned, of washing her hands before every approach to the genital tract of the patient.

(9.) When catheterization is necessary, a new gum elastic catheter, previously immersed in antiseptic fluid, should be employed, and the very common and very bad habit for nurses to own silver catheters which they carry about with them from case to case of midwifery cannot be too severely condemned.

(10.) The physician should feel it incumbent upon him to be satisfied, through personal observation, as to the competency of the nurse to syringe out the vagina thoroughly, to place the antiseptic suppositories where they should be placed, and to use the catheter without injury to the patient.

The curative treatment enjoined consists (1) in the quieting of the nervous excitement and pain by means of hypodermic injections of morphia, care being taken to disinfect even the sharp, new needle, which should alone be employed, by dipping it in a solution of corrosive sublimate, 1:1000. (2) Frequent (every three to five hours, according to the severity of the case) copious vaginal or intra-uterine injections of carbolic acid or corrosive sublimate solution. The strength of carbolic acid should be two- or two-and-a-half per cent., and of corrosive sublimate one part to two-thousand of water, warmed to 1.05° F. The question of vaginal or intra-uterine injections must be decided by the point of entrance of the virus (a somewhat difficult point to determine, we should imagine). A Chamberlin's tube fitted to a Davidson's syringe is to be preferred, its size guarding against the danger of entering a sinus. The solution should be carefully and slowly thrown in, and always by the physician, as all depends on the thoroughness with which it is done. (3) Reduction of the temperature by means of a mat made of the rubber tube coil, applied over the abdomen, from the ensiform cartilage to the symphysis pubis. The end of the tube is placed in an elevated tub, from which it draws the ice-water by syphon action. (4) The exhibition of febrifuge medicines, of which quinine in 15-grain doses, given night and morning in capsules or by rectal suppositories is chief. (5) Dieting with liquid food, the staple being milk.

The antiseptics which have been heretofore tried under these circumstances are thymol, boric acid, salicylic acid, carbolic acid and mercury bi-chloride (corrosive sublimate). Of these all have disappeared before the superior merits of the last two, and carbolic acid, which for so long a time has been supreme, appears about to be abolished in favor of the bi-chloride of mercury: 1:1000 or 2000 of water. For all antiseptic purposes outside of the uterus the bi-chloride is now, owing to the carefully made and important investigations of Koch, very generally employed in the strength of 1:1000, and the uterus has now been so often and successfully washed out with this excellent germicide, 1:2000, as to make us regard its use as an intra-uterine injection as entirely warrantable. If carbolic acid is used in that way it will not be safe to carry its strength beyond a two-, or at most, a two-and-a-half per-cent solution.

These views were very freely discussed, and while they were supported in the main, the details of treatment were in some instances very freely criticised The impracticability of these details was insisted on by some, but the vaginal injections as a means of prophylaxis was the "commandment" to which exception was almost universally taken, Drs. Mundé and Lusk being particularly emphatic in denouncing such injections. The grounds of the objections to this procedure were the facts that the injections left the patient unduly agitated and disturbed at a crisis when bodily rest and mental quiet are all essential to a favorable recovery. The most vigorous attack

on Dr. Thomas' views, as a whole, were by Dr. Fordyce Baker, the President of the Academy. It is well known that Dr. Barker insists on the essential nature of puerperal fever—that it is a disease *sui generis*, and not a septic poisoning of the nature of surgcal fever, for instance, as is maintaiued by Dr. Thomas, who, by the way, is supported by the vast preponderance of the pathologists of the present time. While not denying the possibility of septicæmia in the puerperal woman, he maintained that such septicæmia is not "puerperal fever," which is septicæmia plus something else. He ridiculed Dr. Thomas's assertion that the lochia is a source of danger. "Can it be true," he asked, "that the process necessary for the birth of the human race is always attended with the development of a deadly poison, whose malignant effects must inevitably prevent the spontaneous and kindly healing of such little traumatism as always results from the process, and that, therefore, it is the duty of the accoucheur to take preventive measures of the character proposed? Does every parturient woman, in performing the functions of maternity, like the scorpion, which carries its tail as an instrument for suicide, if death is threatened by fire, physiologically generate an equally fatal poison in a corresponding locality, which the obstetrician must guard against by means that are most inconvenient, alarming, and not altogether free from danger?" Referring to the complexity of the means for prophylaxis he indulged in this other admirable bit of ridicule:

"If all these preparations, so definitely enumerated, which gynæcological surgeons insist upon previous to an ovariotomy or a laparotomy, are necessary in ordinary labors; if the danger from childbearing be so great that a wise and prudent obstetrician is justified in subjecting his patient to the hazardous depression of intense anxiety and fearful doubt as to results, and in surrounding her with the vivid apprehension of her family, instead of stimulating and cheering her with the great happiness of maternity and the hope of increased interest and love from her husband; if all, or even a considerable part of the details mentioned are necessary "to save thousands of lives which are now lost," and to spare "thousands of desolate households the sorrow of losing their female heads"—then it seemed to him evident that the State should make child-bearing a penal offence for all those families who do not have a sufficient annual income to make it possible to carry out all these requirements."

Dr. Barker embodied his views touching the whole question, in the following general propositions:

"In puerperal fever, as met in private practice, we have to treat the *consequences* of some form of blood-poisoning. This may or may not be septic poisoning. In private practice, he thought it generally due to some occult, possibly atmospheric, epidemic influence; in hospital patients, nosocomial malaria, often associated with septic poisoning.

No treatment which interrupts the normal physiological processes—such as the retrograde metamorphosis of involution, the fatty transformation of the component fibres of the uterus, or the cicatrization of its internal surface by the exudation of organizable lymph, and the development of a new layer of mucous membrane, or the healing of traumatic lesions—can be justified, unless positive symptoms, now well understood in science, demonstrate their necessity.

Antiseptic injections, both vaginal and intra-uterine, are of great service when the indications for their use are clearly shown by local signs of general symptoms, but they cannot be recommended with safety as a routine practice on theoretical grounds, as, for obvious reasons, they may be most detrimental in retarding the cicatrization of lesions and the other processes of normal convalescence, and are otherwise sometimes dangerous.

With reference to refrigeration as a means of reducing fever in puerperal disease. He has no question that it may be useful in some cases, but his own experience in this method of treatment has not been favorable. Many years ago he tried it in several cases in Bellevue hospital, but he soon gave it up, as the results were less satisfactory than where other plans of treatment were pursued. Cold will effectively and usefully reduce the temperature in active inflammations, and acute fevers, but in adynamic diseases and hectic fever this must be attended with a rapid waste of tissues more dangerous than the pyrexia."

In closing the discussion Dr. Thomas thanked the Academy for the attention which his paper had received, and replied briefly to the criticisms. He took strong exception to Dr. Barker's ridicule of certain of his recommendations. Ridicule is a weapon of the weak; it is not argument and it cannot be indulged in except at the expense of the truth. He hoped he was not affected by the idiocy which must be inferred from Dr. Barker's interpretation of his conception of the nature of the lochia. His paper, he maintained, afforded no justification of such an interpretation. He had merely held that "the lochial discharge is a material ready to take on those alterations which are effected by micro organisms of bad character, which, changing its nature, render it poisonous to the abraded surfaces." He said in defense of his rules looking to cleanliness, that in such matters it is necessary to aim high; that many will fall below the standard even if a low level be assumed, while no one will go above the level taken to take a higher. He defended all the other rules for prophylaxis except the seventh,—that prescribing the vaginal injections. In the spirit of the true scientist he said, "The arguments which have been brought up against this practice since I read my paper have had great weight with me; I confess I feel less firm in my convictions upon this point than I did, and that in future I shall examine the question carefully before I determine to adhere to my plan. You may ask, why this change of opinion? My

answer is that I strive to mend the fault of yesterday with the wisdom of to-day."

Touching the value of the rubber tube coil for reducing temperature, and the use of intra-uterine injections in treatment he remarked as follows:

"A few words now, before closing, upon some of the means which I have suggested as to treatment. With reference to my present views upon the use of cutaneous refrigeration for the controlling of high temperature, however produced and in the course of whatever disease occurring, I would, after a very extensive experience, say this: Were the laws of my country to prohibit a resort to this method, I would be unwilling to continue the practice of my profession, for I could not do so relinquishing what I sincerely believe to be one of the most valuable therapeutic resources at the disposal of the physician.

With regard to intra-uterine injections, I fear that I have expressed myself in such a way as to allow it to appear that I resort to them with very little provocation and upon all occasions when hyperpyrexia supervenes after childbirth. No impression could be more erroneous. No one could have striven more than I have done to keep within proper bounds the indiscriminate use of this valuable but dangerous resource. Let me illustrate my feeling with reference to this subject in the following way: I believe that the operation of trachelorrhaphy, as introduced by my friend Dr. Emmet, is one of the greatest advances which a quarter of a century has seen in gynæcology. I believe that at the present moment it is doing a great deal of harm on account of its indiscriminate and too frequent performance, many seeming to believe that every woman who bears a child requires a resort to it. Does this militate against the great value of the procedure? Not at all. "*Uti sed non abuti*" might well have been written over its original description, as in olden times it was inscribed upon the case which held the lancet.

In conclusion the "silver-tongued" gynæcologist said:

"I feel very sure that you will give full credence to two statements which I make in bidding you good-night: First. That I have no wish to be dogmatic and uncompromising in reference to the rules which I have suggested for the prevention and treatment of puerperal septicæmia. Second. That if venom has seemed to flow from my tongue it has not reached it from my heart, which has been entirely free from it; and that if I have seemed to strike too trenchant blows at the honored head of our president, I have struck purely in self-defense at one for whom I yield to no man in respect, admiration, and affectionate regard."

A New Operation for Fistula in Ano.—In a reprint from vol. viii of Transactions of the American Gynecological Association, we find a description of an operation for the relief of fistula in ano, by Dr. E. W. Jenks, of Chicago, which promises to be an improvement on the methods heretofore in vogue. Dr. Jenks' attention was directed to the matter in a conversation with Dr. H. O. Walker, of this city, who was at the time under subpœna as an expert to give testimony for the defense in a suit for malpractice, in which the plaintiff suffered from non-union after an operation for fistula. In the two cases in which he has operated after the new method, the results have been so eminently satisfactory as to induce him to report them without waiting for further experience. We reproduce herewith Dr. Jenks' lucid description of the operation:

"First, after determining the routes of the fistulous tracts, they are incised after the usual method, aiming, in every instance where the incision involves either sphincter muscle, to have the incision at right angles to the muscular fibers. The next step is to carefully dissect out the so-called pyogenic membrane, or all of the lardaceous tissue and the cartilaginous substance along the route of the fistulæ. This can be done with curved scissors or a cutting curette. It is not unusual to find several bleeding vessels in the fistulous tract; these should be secured by torsion in preference to ligatures, but if ligatures become a necessity, then Chinese silk is to be preferred. The surgeon frequently finds, after cutting a fistula, that there are, overlapping the incision, portions of thin living skin of low vitality. This should be entirely cut away in all instances, but in the operation under consideration the edges of the incised skin should be pared until they can be brought together perfectly, and then, by deep sutures, the incised parts maintained in perfect apposition until adhesion is effected. The deep sutures can be adjusted in the easiest manner by a Peaslee's needle or the common perineal needle, and should be buried beneath the bottom of the incised fistulous tract, so no portion is visible excepting the two ends protruding from the integument. In addition to deep sutures, it is in most instances necessary to insert superficial sutures alternately with the deep ones, that the strain upon the latter may be lessened and the edges kept in position. The several portions of the sphincters are united by sutures in the same manner as is done in complete laceration of the perineum, for the knowledge of which we are indebted to our most distinguished Fellow, Dr. Emmet. If an operation for anal fistula by the method advocated here proves a success, it is merely owing to the severed ends of the sphincters having been held in perfect apposition a sufficient length of time to effect their union. For this purpose silver-wire sutures properly adjusted are, without question, preferable to silk. I have used both silk and silver with equally good results, but prefer the latter, deeming it the most reliable if the operator has been accustomed to its use in surgical work.

If an opening into the rectum of the tract of the fistula, is of such a height that its incision includes any portion of the internal sphincter, it is necessary to use additional sutures within the rectum to bring and maintain in apposition such incised parts as the external sutures will fail to do.

I have used for this purpose Chinese silk, for the reason that, while sutures of this material are usually of sufficient strength to hold the parts together until union is secured, they do not require removal by the surgeon, as they are discharged in a few days. If it is deemed desirable for any reason, to use stronger sutures, the best material is "ironized silk" (1 to 3), because of its black color, which renders it much easier than white silk to remove from the rectum. In case of there being several fistulous openings in the rectum, an attempt to cure all of them at one operation by this new method would doubtless result in failure. The same is true of any ordinary mode of operating, as is well known to all who have had much experience in rectal surgery. With several incisions left to heal by granulation when the sphincters are included, incontinence is quite sure to follow. We are advised by those who are entitled to speak authoritatively on the subject, that for this reason an attempt should not be made to cure all by a single operation. ' In the mode of operating which is advocated in this paper, more sinuses can be cut than by the old method, and yet too much should not be attempted in one operation. Very much depends on the character of the fistulæ; as, for instance, if there is anything like the ulceration common with consumptives at the rectal end of a sinus, an attempt should not be made to bring the edges together by sutures; yet some of the other sinuses can be incised and be made to unite by sutures; nor should any fistula be incised if it is acutely inflamed. In either of these conditions pus would be very likely to burrow and new sinuses be formed. Allingham gives this as a reason why we "should never operate on a fistula that is from any cause acutely inflamed."

The route of an internal fistula may be straight or tortuous, and, if either, sometimes it will run close to the mucous membrane and have its rectal opening above the internal sphincter, or it may run behind both sphincters and open above the internal, or, while extending a distance above the internal sphincter, as a probe indicates, its rectal opening may be quite a distance below its upper limit. If such fistulæ are incised their entire length, and then left to heal by granulation, incontinence in some degree is inevitable. If some of these fistulæ are not too deep, or do not communicate with abscesses, they may be cured by the method heretofore described. In the absence of exact knowledge concerning the use of sutures, in case all the fibers of both sphincters have been cut through, I deem it the best and most prudent course to pursue, when such incisions seem to be required, to insert an elastic ligature at the upper limit of the fistulous tract, and, after causing it to cut through the internal sphincter at right angles to its muscular fibers, the remaining may be incised and united by sutures, in the manner already described, or left to be cut entirely through by the elastic ligature, as in the judgment of the surgeon may seem best in each case.

It is as impossible to follow any exact rules as it is needless to give them, for the surgical treatment of fistulæ; especially is this true of many internal fistulæ. While, in my opinion, there are some fistulæ in which sutures are better than any other treatment, others can be more certainly cured by means of the elastic ligature; then, again, there are doubtless some which can only be treated by being incised and left to heal by granulation.

As regards the manner of adjusting sutures, the same exact rules cannot be followed as in perineorrhaphy, or other plastic operations about the pelvic organs, for the reason that there is such a lack of uniformity in the shape and location of fistulæ. For the purpose of obtaining success in the operation under consideration, adherence to the general rule of surgery, the teachings of experience, and the ingenuity of the operator are requisite in each individual case.

THE NEW CODE IN NEW YORK.—The agitation which followed the introduction of the Do-unto-others-as-you-would-have-them-do-unto-you Code in New York may now be said to have subsided. From the very first the good men and true who were loyal to the Code of their fathers made desperate effort, in season and out of season, to keep the Empire State in the traces. They were, however, met at every point, in local societies and State society, and repulsed. It was then finally resolved to make one more desperate attempt to wrest the State from the hands of the Philistines, and for the past year preparations were diligently and faithfully made to go up to Albany on the 5th inst., and once more possess the land. The best laid schemes o' mice and men, however, aft gang agley, and the Codists came, saw, and were conquered, by a vote of 105 to 125. This result is particularly surprising in view of the claim of the Old Code adherents, based on a systematic canvass, that 4000 out of the 5000 practitioners of the State were opposed to the new code. Either a mistake was made in the canvass or the attachment to the Old Code is very lukewarm.

Following the announcement of the vote the adherents to the Old Code, who, as a speaker laconically put it, "had come up with the olive branch in one hand and a hatchet in the other," adjourned and organized a new State society in affiliation with the American Medical Association. Inasmuch as the State society from which they have withdrawn is the only legal society under the Medical Act of the State, the new organization is a purely voluntary association and has no recognition in the eyes of the law. Its members, moreover, not having withdrawn from the legal society, their position is a somewhat anomalous one.

Regardless of opinions entertained regarding the merits of the two codes, the schism in the profession of New York cannot be looked upon as otherwise than unfortunate. It remains to be seen whether the American Medical Association may deem it consistent with its exalted position to say to the wayward brethren in New York, "Come let us reason to-

gether." At its last meeting it refused to recognize them, thus, in our opinion, widening the breach which might at that time have been easily repaired. In these days, when the necessity of reviewing religious creeds with a view to adapting them to the beliefs of those who hold it dishonest to give assent with mental reservation to the formulated beliefs of centuries ago, is being so freely discussed, would it not be well for the American Medical Association (which numbers in its membership about one in twenty of the physicians of this country), to enquire whether its code is an infallible instrument, incapable of improvement and thoroughly in harmony with the professional sentiment in all things? There are members of the Association whose attachment to the Code is conditioned on a very considerable mental reservation; at least it is only charitable to believe that such a reservation exists, when one contemplates their professional conduct, even in the matter of consultations, free medical services, contract services, expressions regarding brother practitioners, etc., etc. It would require no unusual excercise of charity towards the wayward New York brethren to believe that in many of their cases their professional demeanor would compare very favorably in all things with that of many of the sturdy members of the American Medical Association, both in New York and in other States. We believe strongly in the wisdom of the majority rule, but we have much sympathy with the minority in an organizations in which the laws seem to have been especially framed with a view to facilitate the application of the gag.

What is Nervous Prostration?—The terms nervous prostration, neurasthenia, spinal irritation and American disease, have of late years been quite frequently met with in periodical medical literature. Probably few members of the profession have as yet come to associate these terms with any distinct conception of the pathological condition which they are intended to indicate. The question, therefore, What is meant by nervous prostration? asked by Dr. Roberts Bartholow in a recent paper read before the Philadelphia County Medical Society, is very timely, and more particularly so from the fact that a gentleman of Dr. Bartholow's ability and standing in the profession essays to give it an answer. It will be remembered that the term neurasthenia was introduced, into this country at least, by the late Dr. Beard, who was very persistent in his claim that it was the cause of many of the so-called nervous diseases which seem to be associated with modern life. It referred the nervous prostration, which is its popular synonym, to a weakened condition of the central nervous system, and the many symptoms which characterize it were held to be due to the lack of proper nervous energy derived from that system. In his paper referred to, Dr. Bartholow combats the claim of the existence of any special condition of the nervous system justifying the application to it of a distinct name. The symptoms of this so-called special condition he regards as simply the reflex effects of digestive or other troubles, and he answers the question heading this article as follows: "A disease usually functional, situated in one or more organs, during the course of which reflex disturbances of the brain occur, and numerous subjective sensations in all parts of the body are realized by the consciousness." He denies that neurasthenia is a primary affection or that it is a substantive disease, holding that it is symptomatic and secondary. This conception, he maintains, fixed in the mind the treatment of neurasthenia is successful or unsuccessful according to the measure of our skill in localizing the initial disturbance and in addressing our remedies to that as well as to the general state. The great question is, is neurasthenia functional, or does it arise from organic change in the nervous system? Dr. Bartholow, as we have said, maintains that it is largely reflex and frequently from gastric disturbance. Neurasthenia in women is usually associated with an anæmic condition and ovarian and uterine disorders. They are pale and weak, and if they are subjected to any moral or mental trouble, give way; but if they are well nourished they sustain any kind of shocks without suffering in health. Worry has been mentioned as a cause of nervous exhaustion. Worry hurts a man just in proportion to his condition. If he is in good health or phlegmatic in temperament, the worry may be well borne; but if he is out of health worry will have a powerful effect on the nervous system. Dr. B. does not deny that various causes may produce brain disease, but he does deny that the so-called neurasthenia is due to an organic lesion of the nervous system. He maintains that it is part of a morbid complexus and reflex condition, in large part of maladies situated in the stomach, the liver, the uterus, or other organs.

Scarlet Fever and Measles in Dogs and Cats.—Dr. John C. Peters, of New York, contributes to a recent number of the New York Medical Journal a few data bearing upon this question. The existence of scarlet fever in dogs is referred to by a number of authors, but in such perfunctory way that nobody pays much attention to it. Dr. Peters had attended a case of scarlet fever in a young lady who had a pet pug dog. This dog had sickened, and seemed to have what is called "distemper," to which all young dogs are subject, as children are to scarlet fever and measles. The animal was sent to a dog doctor, and soon after its young mistress had the very decided outbreak of scarlet fever which Dr. Peters was called upon to treat. The mother of the young lady had repeatedly called the doctor's attention to the similarity of the symptoms of the dog distemper to those of her daughter. This same dog, it was subsequently learned, had been taken along several times by a waiter man when inquiries were made about another young lady sick of scarlet fever, and it is supposed that it contracted the disease during these visits.

This one case standing alone would form a very

slender basis for anything else than to suggest that sick dogs should be examined more carefully by doctors in the future. But Dr. Peters having heard that a couple of his medical friends held decided views on this question consulted them touching their experience. One of them, Dr. Alexander Hadden, had had the matter under his attention for some fifteen years, he having noticed an article on the subject by Dr. Snow, a London physician. He detailed instances which were calculated to establish the fact that cats are liable to contract scarlet fever and to be the means of its contagion. He had exposed kittens to the contagion by placing them in bed with children suffering from scarlet fever, and allowing them to remain there for several days. Some of these animals became sick with catarrhal affections of the eyes and throat, although none exhibited the rash upon the skin or the characteristic glandular inflammation of the neck or marked renal condition.

Dr. Bates, who was also consulted, reported instances in which he had found both cats and dogs with high fever, scarlatina, sore throats in different stages and some discharge from the nose.

Dr. Williams, President of the Royal College of Veterinary Surgeons, says on this question: "I can compare dog distemper to no human disease except measles, and the points of analogy are very great. In both diseases catarrhal symptoms are manifested; they are infectious; they generally occur but once in a lifetime; they chiefly affect the young; in almost all cases of distemper there is some cutaneous eruption or rash and desquamation of the cuticle; catarrhal ophthalmia, bronchial and pulmonary inflammation and dysentery are complications of both diseases."

There would seem to be sufficient in the foregoing facts to direct attention to this subject, and it is barely possible that these domestic animals are more frequently than is generally believed, the carriers of contagion.

Conium in Malarial Diseases.—Dr. Richard C. Newton, U. S. A., has found conium a useful drug in malarial diseass. He bases its efficacy on its influence on the ganglionic system of nerves. He quotes from Tilt's Change of Life, as follows, to show that in malarial diseases the ganglionic system is primarily attacked:

Dr. Tilt asserts that "in agues the ganglionic system is the prime motor," and "the central ganglia feel the first shock of the cholera poison, when, during a severe epidemic, a man walking about in good health, suddenly feels nausea, drops down, and dies. Pernicious intermittent fever poison has often acted in a similar way."

Dr. Webb attributes the hæmaturia in hemorrhagic malarial fever to vaso-motor disturbance. The inference is allowable that the epigastric pain is attributed to trouble with the epigastric ganglia of the sympathetic nervous system. It hardly seems necessary to multiply references; we may take it for granted that, if the ganglionic system is not the prime motor in agues, it is very seriously disturbed, and that medication should be directed towards regulating the functions of "the cerebrum abdominale," as well as toward a "sweeping out of this long and narrow passage (the alimentary canal) with emetics and cathartics, a method of sanitary policing which had great credit with our predecessors, and is perhaps not sufficiently employed at the present day."

During the summer and spring of this year Dr. Newton has used repeatedly the following prescription:

℞ Ext. conii fld..... ℥ j. ℥ ij.
Ferri perox..... ʒ iij.
Spts. vini gallici..... ℥ iss.
Quin. sulph..... ʒ ss.
Syr. simp..... ℥ iij.
Ol. menth. pip..... ʒ iij.

M. Sig. ʒ j. q. four hours until two hours before chill is expected, then q. two hours for two or three doses, then q. four hours.

To children it has been given very successfully by doubling the amount of syrup.

This prescription was given by Mr. F. O. Vaille, of Denver, Col., who had it from his father, the late Dr. Vaille, of Springfield, Mass. Dr. Vaille's medicine is not a perfect solution, and for this reason, as well as for those already given, a more elegant preparation of the essential drugs is desirable.

Dr. Newton reports several cases showing the efficacy of this formula. It contains two-thirds of a grain of quinine in each dose, but this is too small a quantity to account for its prompt action.

A Recent Case of Intussusception of the Ileum.—In the last issue of the Age (Feb. 11th) is an article by Dr. Stovel, entitled "Intussusception of the Ileum Following a Kick." The report of the case referred to, I am obliged to say, is almost entirely erroneous, and besides misstating most of the facts the reporter failed entirely to record one very important fact, viz., perforation of the ileum and the escape into the abdominal cavity of the contents of the intestines.

The errors I wish more particularly to correct are those which exist in the statements of the article which are not in accordance with the following facts: 1st. The bruise was simply a very slight discoloration of the superficial layers of the skin, and was on the right side about one inch from the median line instead of on the left, and above the umbilicus instead of below. 2d. I discovered at the autopsy no signs whatever of peritoneal inflammation, no plastic exudate, no adhesions of this membrane to the abdominal walls, or to the intestines, or of the loops of intestines to each other; no congestion and no pus. 3d. The small intestines above the invagination were distended with gas and fluid and some semi-solid fecal matter, but did not show evidence of inflammation. 4th. There had been no sloughing of the lower part of the invaginated gut, as the specimen now in my possession clearly shows.

The peritoneal surfaces of the parts in immediate contact were glued firmly together by plastic matter, and careful dissection failed to separate them without tearing the underlying tissues. The perforation was of size sufficient to admit the easy passage of a large grooved director, and was situated in the deep sulcus formed by the bulging out of the ileum around the neck of the invagination. I estimated at the time that a pint or more of feculent matter had escaped into the abdominal cavity through this aperture. Query: Are all reported cases as true to the facts as is this one from the pen of Dr. Stovel?

Very respectfully yours,
F. W. Owen, M. D.,
County (not City) Physician.

Detroit Medical and Library Association.—The Association met February 4th, 1884. President Jamieson in the chair. Dr. Hoyt was elected secretary *pro-tem.* Dr. L. H. Johnson read a paper on "Retained Placenta" (see page 61 of this number of the Age).

In the discussion that followed Dr. Bonning expressed himself as in favor of the immediate removal of the placenta.

Dr. Carstens thought it advisable to remove placenta as soon as possible. He reported a case of placenta retained for four months, causing blood-poisoning and death.

Dr. Jennings reported a case of eight months' standing. He also believed that the placenta should be removed at once.

The members present were pretty uniformly of the same opinion, and Dr. Hutton preferred using the hand for the purpose in place of any instrument.

The society adjourned.

Staying a Floating Kidney.—Cutting down upon a floating kidney in order to attach it to its normal position, although not new, is certainly a proceeding of interest. The Weekly Medical Review states that Mr. Ivar Savensson presented to the Society of Swedish physicians, a girl of 21 years on whom this operation had been performed. By an incision made along the external border of the sacro-cumbalis the kidney was discovered, drawn into the wound and fixed to the fibrous tissue by 14 sutures which involved only the capsule. The result of the operation exceeded the expectations of Dr. S. There was no complication and the kidney remains fixed. The patient was now well and could follow her duties. She complains of no more pain, which was formerly so severe that she became a burden to her relation. The surgeon considers this operation preferable to extirpation.

Determination of Sex.—Dr. Andrew Wilson (Brit. Med. Jour.) advocates the theory that post-menstrual impregnation is followed by the birth of a female child, and that pre-menstrual fertilization results in the formation of a male child. He says: "I have the firmest faith in my theory—a faith substantiated by facts I have been able to ascertain from human histories—that the difference in sex is due simply to the greatest or least power of development exhibited by the ovum, according as it is pre-menstrually or post-menstrually fertilized."

We remember an article which appeared a few years ago, in which the writer had the firmest faith in the theory in which male children were the result of post-menstrual impregnation.

The Leg as a Splint.—Dr. R. J. Levis makes a very valuable suggestion in the Polyclinic, touching the preparation of a person with a broken leg for removal to his home or the hospital. Much pain is often inflicted in such cases through the absence of the necessary splints to keep the limb in position. Dr. Levis recommends the sound leg as a splint in these cases. By simply bandaging the fractured leg to this, sufficient immobility may be secured to permit of the patient's removal with little pain.

Reputation with posterity has ever been esteemed one of the most powerful incentives to deeds of heroism; and the modern school of philosophy recognizes as the only true immortality of man, the enduring beneficent influence of his virtuous actions. If, however, the fabric of our civilization were seen to be tottering, it is plain that this particular stimulus to virtue would fail. But "Is our Civilization Perishable?" The question is asked in the North American Review for March, by Judge J. A. Jameson, who considers the several agencies by which the overthrow of the existing civilization might be effected. In the same number of the Review there is an article of extraordinary interest on "Agricultural Politics in England," by William E. Bear, editor of the Mark Lane Express. "A Defenceless Sea-board," by Gen. H. A. Smalley, is a description of the unprotected condition of the harbors and coast cities of the United States. "Neither Genius nor Martyr," is the judgment passed upon the wife of Carlyle by Alice Hyneman Rhine, whose contribution to the Carlyle controversy is characterized by much force. Other articles are "The Story of a Nation" by W. O. Stoddard; "Literary Resurrectionists," by Charles T. Congdon: "How to Improve the Mississippi," by Robert S. Taylor; and "The Constitutionality of Repudiation," by D. H. Chamberlain and John S. Wise. Published at 30 Lafayette Place, New York.

During the past decade sixty thousand of the old form of privies have been superceded by dry-earth closets, in Manchester, England. The contents of these closets are removed twice a week, and are sold to farmers for manure, thus yielding to the city a very considerable revenue. Much of the night-soil is said also to be converted into a superior quality of mortar which sets very hard. This is infinitely better than the impoverishment of the soil, contam-

ination of the water-supply and distribution abroad of the germs of contagion, which are inseparable from the sewer system in vogue in most of our large cities.

The Pacific Medical and Surgical Journal remarks as follows touching suits for malpractice." "Some ravenous lawyer, who, but for the circumstances of his birth and early life, might have been a highway robber, sets the machine in motion, hoping to get gain by it; whilst in the background, squat like a toad in the dark, is some envious doctor, who will finally gain a little notoriety by 'compulsory' display on the witness stand." There is doubtless, a very large element of truth in this statement, but there are occasional exceptions to this, as there are to other rules. Nothing can be more despicable than for a physician to encourage a suit for malpractice against an honorable and competent brother, but there have been instances in which there has been a sort of poetic justice in such suits. There is an innate (albeit a wicked and perverse) desire in the human heart (the hearts of doctors being no exception) to "get even," and instances are not uncommon in which suits would probably never have been brought had the defendant not rendered himself obnoxious by his treatment of his brother practitioners. Such instances have happened and will continue to happen until the human heart becomes regenerate. If our brother of the Occident would strenuously exert himself to prevent a suit for malpractice against one who has villified and maligned him, the fact but goes to show that he is more perfect than man is commonly found in this sinful world.

The Kansas City Hospital College of Medicine has a full faculty of regular physicians, and in addition has a chair on homœopathy. Because of the attachment the Missouri State Board of Health has refused recognition to its graduates. The college has, accordingly, applied to the Supreme Court for a mandamus ordering the State Board to show cause why it should decline to register its diplomas. The action of the Supreme Court is awaited with interest. The real question involved is whether the ethical rules adopted by a voluntary association, to wit, the American Medical Association, may interfere with such rights as parties not belonging to that association, have under the law. Regardless of our individual views on this question, we have little doubt that on this issue the college will be sustained. The Code of Ethics of the American Medical Association is not binding on any save those who elect to be bound thereby, and if the standards of matriculation and graduation requirements of the Kansas City Hospital College of Medicine are sufficiently high, it was unwise for the State Board of Health to refuse it recognition. The experience of the profession with homœopathy in the University of Michigan justifies this assertion.

The Buffalo Medical and Surgical Journal affects to detect something somewhat singular in the fact that the leaders of the opposition to a bill now before the New York legislature providing for the establishment of a state examining body separate from the medical colleges, are Hon. R. V. Pierce, of the World's Dispensary Association, Buffalo; F. L. Stetson, Esq., Attorney of the Medical Department of the University of Buffalo; Dr. Henion, of Warner's Safe Remedy Co., Rochester; Dr. Robert A. Gunn, of the United States Medical College, of New York; and Dr. Austin Flint, *Junior*, of Bellevue Medical College. Of course the crowd is somewhat motley, but does our contemporary fail to discover the one touch of nature that makes these gentlemen kin? It has evidently has its suspicions aroused, for it asks: "Is it possible that personal selfishness and the desire for 'filthy lucre' can stifle all nobler aspirations and sense of higher duties?" We would reply that this cannot, surely, be possible in this case, for is not Dr. Austin Flint, Jr., the redoubtable champion of the Code in New York, and did he not secede from the New York County Medical Society because it adopted the New Code which permits consultation with irregulars?

The Medical News of Philadelphia, states that on looking over the yeas and nays of the vote to restore the National Code, it finds of the prominent New York members present, that the following voted in favor of the new Code and against the National Code: Drs. C. R. Agnew, T. A. Emmet, A. Jacobi, A. L. Loomis, D. B. St. John Roosa, and F. P. Foster, of the New York Medical Journal and G. F. Shrady, of the Medical Record. We presumed it was pretty generally known that these gentlemen had taken a very decided stand in favor of the New Code. In view of this fact it is particularly generous on the part of our Philadelphia contemporary to single them out for special mention in the connection referred to. Doubtless they fully appreciate this piece of disinterested courtesy. The fact that the Medical News is published in Philadelphia and is a champion of the Code of the American Medical Association, does not prevent it from duly advertising New York brethren who have adopted other rules of professional conduct. Its brotherly love is thus not of that local nature which some may have suspected.

During the months of July and August, 1882, the senators of the United States, according to Gaillard's Medical Journal, consumed 201,000 pounds of ice, and 1,700 two-grain quinine pills, the pay for which was drawn from the National Treasury. It is not stated how these supplies were consumed, but of course the ice was for the purpose of preventing hyperpyrexia and explosion of the cranii of our Solons. The immunity from such a catastrophe in our national capitol has long been a matter of surprise, and we are now glad to hear that the danger has been averted by the means so well known to the profession. Inasmuch as there appears no charge for bladders or rubber bags, we are still perplexed as to how the ice was applied. The small number of

quinine pills consumed is a matter of surprise, but perhaps the liberal use of ice obviates the necessity of the large consumption of this nerve tonic which would otherwise be necessary.

The *bona fide* subscription list of the MEDICAL AGE has grown to such dimensions as to now require the issue from the press of 4,500 copies of each number, and the list is still rapidly growing. As a means of reaching the eye of the profession, it will thus be seen, the AGE is excelled by few. This fact is sufficient to stimulate our readers to a freer communication through these columns, of their clinical experience. We earnestly solicit such communications, and will cheerfully undertake the arrangement for the printer of the MS. of those who, either from lack of time, unfamiliarity with literary work, or other causes, may not be able to present such an article as they might desire. Let us have the solid framework of facts, and we will have them dressed in presentable dress. "A man's a man for a' that," and so is a fact.

Our very excellent contemporary, the Weekly Medical Review, is a sort of catamaran on the sea of journalism. It sets out simultaneously each week from Chicago and St. Louis. Each of those enterprising towns furnishes it a skipper and each contributes to the richness of its cargo. The St. Louis division has for some time been bidding for the business of the St. Louis Medical Society, and has finally succeeded in taking it away from the St. Louis Medical and Surgical Journal, which previously had a monopoly of it. There seems, in consequence, to be a coolness between these two journals, which, paradoxical though it be, manifests itself in language in which there is a suspicion of much warmth. Dr. Julius Wise has succeeded Dr. Gamble as chief of the St. Louis division. Dr. Wise, if we remember correctly, has had previous journalistic experience and is thus all the more qualified to fill the considerable space left vacant by his predecessor's withdrawal.

A Plattsville, N. Y., physician is being threatened with a suit for damages for allowing a young lady who had been under his care for scarlatina to be removed to another house within ten days after her full recovery. The removal was effected by her parents, who took her home. The disease broke out in the family five days after, and one member soon died of it, and the life of another was for a time in jeopardy. Inasmuch as the father had visited the daughter seven days before her removal and twelve days before the disease broke out in the family, it is probable that the contagion was brought home by the father rather than by the daughter, as five days incubation is unusually short. A painful feature of the case is the fact that the suit is being instigated by a prominent physician and a leading attorney.

Dr. Scudder, of the Eclectic Medical Journal, Cincinnati, is growing pessimistic. He is evidently losing heart, and abandoning hope of reform. He says: "Within the past twenty years a multitude of mushroom medical colleges have sprung up, for the sole purpose of selling diplomas, and, strange to say, the trade has been active and lucrative. Boards of health will kill these leeches, and to that extent they will do a good work. I confess that I am tired of the fight, and I do not care to be considered the champion of all this nastiness. Let vitopathics, mesmerists, health doctors, electricians, *et in genus omne*, sit in their own dirt and fight their own battles."

A dispute is now going on in our local papers between certain of our microscopists, professional and amateur, in which the apple of discord is the question of the existence of trichinæ in a specimen of pork which was sent in from Niles, Michigan. Some declare that trichinæ are present to a most alarming extent and others hold that the pork is absolutely innocent of the parasite. This difference of opinion will be utilized by those who maintain that the imagination, or preconceived opinion, of the microscopist, has a marked influence in determining the nature of the objects coming within the field of the lens. The "chromatic aberration" induced by these causes it is difficult for some amateurs, and occasional professionals, to overcome.

Dr. A. W. Nicholson, of Lansing, Michigan, has published a schedule of instructions for the preparation of foods and drinks for invalids. It is intended to facilitate the giving of general and detailed instructions to nurses in regard to this matter. It is an excellent scheme. By means of it the physician need only indicate by pencil mark the article of diet he wishes in a particular case, and leave the leaflet with the nurse. It thus obviates the oftentimes unsatisfactory though laborious description it is necessary to give (and which some physicians are, perhaps, not quite competent to give) of the method of preparing articles of food or drink for the patient. The doctor will send a sample copy to any one desiring it.

A correspondent asks what is the best hypodermic syringe, and what is the best means of keeping it in order. We have no preference for any particular make. A good needle and a properly fitting piston are the prime essentials. Much trouble with the syringes is traceable to the fact that vegetable oils are employed for lubricating them, the fatty acid forming a salt with the metallic parts. Let cosmoline be substituted for these oils and there will be little danger of a good instrument getting out of order.

The Sanitary News, of Chicago, is doing unusually good work in its field, and it is gratifying to note the evidences of its prosperity in the excellent mechanical execution of the journal. It carries the name of John K. Allen, formerly of the Michigan State Board of Health, as associate editor, and those who know Mr. Allen and the training he enjoyed before he went to Chicago, will not be disposed to

consider the excellence of the publication a mere coincidence.

The Lancet reports two recent cases of death from gluttony. One was that of a clerk who went to bed apparently well on Christmas night, but died before morning. The stomach was found largely distended with undigested food which had stopped the action of the heart. In the other case, that of a negro, the stomach was found to contain whole potatoes. These may be said to have been acute cases of a disease which in its chronic form is carrying off annually more victims than are chargeable to alcoholic intemperance.

The next sanitary convention under the auspices of the Michigan State Board of Health, will be held at Hillsdale on the 17th and 18th of April next. As a very attractive programme has been prepared, and reduced railroad fare may be obtained by applying to Dr. Bion Whelan, Hillsdale, Secretary, there will probably be a large attendance. The importance of these conventions as educating influences on the community, can scarcely be overestimated.

It is said that under the use of the old three-cent postage stamp many letters found their way into the dead-letter office, through the inability of color-blind persons to detect the difference between red and green. The substitution of red as the universal color under the two-cent postage rate will obviate this difficulty.

A subscriber desires information from the readers of the AGE touching the treatment of nocturnal incontinence of urine. He has an obstinate case under his care in which he has tried the usual remedies without success, and would feel grateful for the experience of his co-readers in the treatment of like cases. We shall be pleased to afford the use of our columns for this purpose.

Le Moniteur de la Politechnique (French, of course) calls the leading medical journal of this country a "redskinned Yankee coca-nut, without education, without wit, without intelligence." How truly is a prophet not without honor save in his own country! Le Moniteur, etc., is educated, witty and intelligent—doubtless as education, wit and intelligence go in France. Later advices report Brother Shrady doing as well as could be expected.

Lord Bacon's signs of short life are quick growth, fair, soft skin, soft, fine hair, early corpulence, large head, short neck, small mouth, fat ear, brittle, separated teeth. A modern observer has supplemented these by the following: Going into a saloon twelve times a day, sitting on a railroad crossing, and writing original poetry.

Now is the time when the specimen copy fiend tries to get his work in. If these deluded persons but knew the size of our revenue from the sale of the postal cards which they send us, and which elicit no response, they would devote their spare capital and energy to nobler, better and more profitable ends.

Dr. Clevenger, of Chicago, makes the suggestion that the abrasions requiring protection, by cauterization or otherwise, before conducting a postmortem examination, may be discovered by holding the hands over strong aqua ammonia. The smarting will generally reveal abrasions so minute as to escape detection otherwise.

If you want knowledge you must toil for it; if you want food you must work for it; and if you want pleasure you must toil for it. Toil is the law. Pleasure comes through toil, and not by self-indulgence and indolence. When one gets to love work his life is a happy one.—*Ruskin.*

A boarder complained that things were too slow around the house, and informed the landlady that he would like to dynamite earlier.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery, by Authors of Various Nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood cuts. In six volumes. Volume iv.
New York: William Wood & Co.
Detroit: John MacFarlane.

This volume of this great work, of whose general excellence we have taken occasion to speak in our notice of previous volumes, continues the discussion of Injuries and Diseases of Various Tissues and begins the Surgery of Regions, containing articles on Injuries of Bones, Diseases of Joints, Excisions and Resections, Tumors, Injuries of the Back and Malformations and Diseases of the Spine. Of the contributors to the volume each is an authority on the particular subject which he treats. John H. Packard, of Philadelphia, Richard Barwell, of London, John Ashhurst, Jr., of Philadelphia, Geo. E. Fenwick, of Montreal, Henry T. Butler, of London, John A. Liddell of New York, and Frederick Treves, of London, contribute the chapters on the above subjects respectively in the order in which they are mentioned. A melancholy interest attaches to the article by Dr. Liddell, that gentleman having died almost as the last proof sheets were being corrected. There is not one of the contributors whose position in his specialty and whose previous contributions to surgical literature have not been of such a nature as to convince the profession that what he has written in this volume presents the subject discussed in the status it occupied at the moment his article went to press.

The publishers have amply sustained their reputation, and more than this need not be said touching the mechanical execution of the work. No one in this country who makes surgery a specialty will have failed to subscribe for this great work, and even the general practitioner who is called upon to

practice surgery only occasionally, can scarcely afford not to have it in his library.

The following new books and new editions of old ones have lately been issued. Messrs. Henry C. Lea's Son & Co.'s publications are kept for sale by Messrs. Phillips & Hunt (late John Willyoung), 189 Woodward avenue, Detroit. For Bermingham & Co.'s publications address the publishers, 28 Union Square, East New York city.

BY HENRY C. LEA'S SON & CO.

A TREATISE ON PHARMACY. By Edward Parrish, late Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, etc. Fifth edition, enlarged and thoroughly revised by Thos. S. Wiegand, graduate of the Philadelphia College of Pharmacy. With 256 illustrations.

THE FIELD OF DISEASE, A book of Preventive Medicine. By Benjamin Ward Richardson. M. D., LL. D., F. R. S., Fellow of the Royal College of Physicians and Honorary Physito the Royal Literary Fund.

A MANUAL OF OBSTETRICS. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, etc. Second edition, with 59 illustrations.

SURGICAL ANATOMY. By Frederick Treves, F. R. C. S., Assistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital, etc. Illustrated with 61 engravings.

ELEMENTS OF SURGICAL PATHOLOGY. By Augustus J. Pepper M. S.. M. B., Lond., F. R. C. S., Eng., Fellow of University College, London, Surgeon to St. Mary's Hospital etc, Illustrated with 81 engravings.

ELEMENTS OF HUMAN PHYSIOLOGY. By Henry Power, M. B., Lond., F. R. C. S., Ophthalmic Surgeon to St. Bartholomew's Hospital London, Examiner in the Board of Anatomy and Physiology, etc. Illustrated with 47 engravings.

THE DISSECTOR'S MANUAL. By W. Bruce Clarke, M. A., M. D., F. R. C. S., Senior Demonstrator of Anatomy and Operative Surgeon, at St. Bartholomew's Hospital, etc., and Charles Barrett Lockwaod, F. R. C. S., Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, etc. Illustrated with 49 engravings.

CLINICAL CHEMISTRY. An Account of the Analysis of Blood, Urine, Morbid Products, etc. By Charles Henry Ralfe, M. A., M. D., Contab., Assistant Physician at the London Hospital, etc. Illustrated with 16 engravings.

BY BERMINGHAM & CO.

THE HIP AND ITS DISEASES. By V. P. Gibney, A. M., M. D., Professor of Orthopœdic Surgery in the New York Polyclinic; Assistant Surgeon to the Hospital for Ruptured and Crippled, etc.

A MANUAL OF MEDICAL JURISPRUDENCE, with Special Reference to Diseases and Injuries of the Nervous System. By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylum of New York City, etc. With illustrations.

EXCESSIVE VENERY, MASTURBATION AND CONTINENCE, THE Etiology, Pathology and Treatment of Diseases Resulting from Venereal Excesses, Masturbation and Continence. By Joseph W. Howe, M. D., Late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc.

The books above enumerated will receive fuller notice in subsequent issues of the MEDICAL AGE.

Intestines in the Chest—A Singular Case of Congenital Malformation of the Bowels in the Adult.

BY C. G. DAVIS, M. D., MILFORD, MICH.

I will first give a short account of the patient's previous history and sickness before proceeding to give the details of the conditions found at the autopsy. By so doing the reader will get an idea of the difficulties encountered by the attending physician in attempting to diagnose a case of this kind. It will also be of interest to the reader to know the ante-mortem history of so singular a case of malformation.

To anyone who reads this with incredulity, I would state that there were two physicians present besides myself, and two other witnesses, one of whom is a justice of the peace, all of whom will, if necessary, make affidavit to the correctness of my statements:

D. F. Tower, male, 37 years of age, married, and the father of three children. His previous occupation has been that of a carpenter and machinist, but during the past year he was engaged at the railroad depot in this place as baggage master. Had been troubled with dyspepsia and chronic gastritis, with constipation, for several years. Had always been subject to attacks of pleuritic pain in the lower part of his left chest, from boyhood.

Several years ago he had a long-continued attack of malarial fever, with an "ague cake," which, he said, was very large, but from which he finally recovered, though he has not been in as good health since as previously, the trouble with his stomach always predominating. He had been in very poor health during the past year, but kept at work most of the time until last December, when he was obliged to desist, and since then he has been gradually failing with the following symptoms: Severe neuralgic pains in the back of his neek and shoulders, also in the side of his head and ear; skin waxy, sallow and bloodless, having a decided cachectic appearance; lips pale; eyes clear and bright, with no symptoms of jaundice; temperature 100° to 103° F. in the morning, and 101° to 104° F. at night; breath very foul and offensive; tongue coated; eats enough for a person in his condition; no vomiting; not nauseated except on two or three occasions, and then only slightly; sleeps well when free from the neuralgic pain in head and neck.

Percussion revealed great tenderness in hypogastric region at all times, with marked dullness in right iliac region, which seemed to be continuous with the dullness of the liver; tenderness was, however, never complained of in that region. On percussing the lungs there seemed about the usual amount of resonance, except at the lower portion of the left lung posteriorly, where auscultation revealed an entire absence of the respiratory murmur. There were no other symptoms of lung trouble—no cough, except an occasional hacking after drinking, or taking medicine, and no expectoration.

Later, discovered a tumor in the left pelvic region

about half as large as a hen's egg. The appearance of the abdomen otherwise did not indicate, upon inspection or palpation, anything abnormal. Urine appeared healthy upon examination, except that it had rather more phosphates than normal (sp. gr. 1,020). Bowels moved about every other day, with injections, which brought away more or less scybala each time.

Marked symptoms of blood-poisoning appeared during the last three weeks of life, but I confessed my inability to assign the cause, or, indeed, to make a diagnosis from the first, except that there was chronic gastritis and an enlargement of the liver, which latter I at first suspected to be due to abscess. I afterwards thought he had also tubercular deposits in the mesenteric glands, complicating a similar deposit in the lower lobe of left lung. Drs. Johnston and Warren were called in consultation, but as there did not appear to be any combination of symptoms that would lead to a clear diagnosis, we did not come to any positive determination towards clearing up the case. Having stated the leading ante-mortem conditions of the case, I will now proceed to give a report of the autopsy:

Patient died of asthenia, Feb. 3d. Post mortem examination made Feb. 5 in presence of Drs. Johnston and Warren, and two other witnesses. On opening the abdomen we found the stomach greatly dilated and occupying nearly the whole abdominal cavity, at least four times its normal size, and bound down to the sacrum by old adhesions which I ruptured. On puncturing the stomach I removed over two quarts of liquid, consisting of food and everything taken into it for several days, which, owing to the weakened and flabby condition of the viscus it had no power to force out. On raising the stomach from its position we were somewhat astonished to find no signs of any intestines in the abdominal cavity. The right kidney occupied the right iliac region, giving rise to the cause of the dullness in that region before death. The left kidney was nearly in its normal position, only a little farther to the left. Both were considerably enlarged but apparently healthy, The liver was also enlarged, fully one-third larger than normal. The spleen occupied the left side of the pelvis, protruding upwards so that its upper end formed the tumor felt through the abdominal walls. It was also adherent to the sacrum by old adhesions, being very irregular in shape and having several fissures in its surface, giving it a lobulated appearance, and having a dark, purple unhealthy look. The pancreas was in about its normal position, but greatly enlarged.

The intestines were the next organs to look for, and by following the pyloric end of the stomach I found it turned upwards against the diaphragm, through which I made an opening with the scalpel and introducing my hand found the intestines all in the left chest under the lung and about the heart, resting upon the diaphragm. An opening of about one and one half inches in diameter through the diaphragm, near its left attachment, allowed a passage for the descending colon down to the rectum.

The heart seemed to be crowded a little to the right; the apex was not attached to the diaphragm. It was slightly enlarged, walls thin, with deposits showing fatty degeneration, and containing ante-mortem clots. About the usual amount of intestines were present, including cæcum with an unusually long appendix vermiformis.

The mesenteric glands were found enlarged and filled with deposits of pus, doubtless of pyæmic origin.

The left lung was about one third as large as the right and divided into five irregular-shaped lobes. Both lungs appeared healthy as to their parenchyna.

There were no adhesions of either intestines or the lung to the pleura in the left cavity; some were found on the right side, but they were not extensive. Peritoneum healthy and continuous through the opening in the diaphragm where the colon passed out of the chest.

The mesentery had a firm attachment to the left side of the spinal column above, and with the diaphragm. The colon and cæcum had no attachment except to the mesentery.

The deformity of the lungs, the misplacement of the bowels and kidneys, must have existed from birth, and were not the result of hernia, as some may be inclined to believe. The greatly enlarged stomach, liver, kidneys, pancreas, and spleen, together with the misplacement of the spleen may have been, and undoubtedly were, the result of the absence of the support furnished by the bowels when in their normal position. The enlargement was undoubtedly gradual through life.

We, the undersigned practicing physicians of Milford, hereby certify to the truth of the above description of the conditions of the internal organs, as found at the autopsy of the case reported.

DALLAS WARREN, M. D.
ROBERT JOHNSON, M. D.

Retained Placenta.*

BY L. H. JOHNSON, M. D., DETROIT, MICH.

While my experience has not been such as to cause me to positively affirm whether the plan of treatment of this complication, which I have partially adopted, is the right one or not, I can say it has been sufficient to cause me to think favorably of it, and to lean more in that direction than I was ever taught to do. The following report will illustrate this treatment:

Case 1. Sept. 10th 1883, I was called to see Mrs. K., æt. 28 years. I found her very much exhausted from the loss of blood, the result of a miscarriage five days previous. From the history of the case I concluded she must have been about three and a

*A Paper read before the Detroit Medicine and Library Association, Feby. 4, 1883.

half months pregnant. Hemorrhage, as above intimated, had been profuse but had nearly ceased when I was called. It was the continuance of the flow, though slight, that caused her husband to seek medical aid. In speaking of the case the husband thought that if the bleeding could be stopped his wife would be all right, thus seeming not to have the remotest idea of the danger she was in. Having been repeatedly assured by the lady attendant that the uterus had been thoroughly evacuated of its contents, she having taken the pains to describe the appearance of the same, and even to state where it was deposited, I consoled myself that all was right, at least for the time being. Before leaving, however, I examined the abdomen and found that good contraction had taken place. I then made digital examination and finding the os in a good condition, and both examinations seeming to verify the statement of the attendant, I entertained no doubt as to its correctness. I now turned my attention to medical treatment. The temperature I found below normal; bowels sluggish; thirst great; appetite poor and considerable pain in pelvic region. Occasionally patient complained of insomnia, but being unable to assign any cause I attributed it to nervous exhaustion and prescribed accordingly, with good result. I put her on quinine, morphia and the mild chloride of mercury in capsules, once every four hours during the day. Beef-tea and milk, with a little rye whisky were given occasionally; this constituted the diet. Antiseptic vaginal washes were kept up night and morning. Patient improved rapidly as to her general condition, but complained now and then of a pain or aching, as she described it, in the womb. I then ordered the medicine to be given once every six hours, instead of every four hours, as I supposed the pain was caused by the quinine acting on the womb. The pain subsided to a very great extent, but was followed soon by quite a show of blood at irregular intervals.

A digital examination was again made, and the os found to be somewhat dilated. Fearing a storm was brewing, I ordered teaspoonful doses of ergot to be given every two or three hours during my absence, if necessary, to check hemorrhage; but one dose was given during the night, which was passed comfortably. About daylight, however, a few sharp pains in the region of the bladder caused the patient to feel that urinating might relieve her. She had scarcely gotten in position to evacuate the bladder before a much sharper pain was felt, which caused her to scream out, and in looking for the cause she found the placenta deposited in the vessel. On inspection I found it about the size of an ordinary base ball, firmly compressed. No hemorrhage took place at this time; neither was there any wasting during the month following. In all about twelve days elapsed between the time of the abortion proper and the expulsion of the afterbirth. Tonic treatment was given for a while and the patient made quite a good but slow recovery. I do not think the slowness was the result of the after-birth being retained, as above mentioned, but rather to her recuperative power generally being below par. She is the mother of two living children, and I learned that after both confinements the placenta came away naturally, but that convalescence was tardy.

Case 2. Mrs. A., æt. 26 years. Aborted at four months. I was positive in this case about the placenta being retained, and not being successful in removing it after gentle manipulation, I deemed it imprudent to attempt it by force, and concluded to await results.

Patient was just as comfortable, apparently, as if nothing at all had taken place. Precautionary measures were taken, however, and I left to return next morning, only to find things just as I had left them the evening before. I waited a day and night, and yet no change. As there was no hemorrhage, no headache, no fever, and, in fact, nothing to increase my anxiety, my solicitude subsided somewhat. Belladonna ointment was applied to the os quite freely, but to no avail. My next resort was tamponing, using a mixture of gallic acid, carbolic acid, tincture of iodine and glycerine. This treatment I continued for three days and nights with no results. I would, however, have continued this treatment but for my patient's revolt, she insisting that she was not sick enough to remain in bed, and made it her business to remove the tampon and began doing her housework generally. Days, and to my great surprise, even weeks passed before she was relieved. Five weeks from the time of confinement the placenta was cast off. Considerable hemorrhage followed, but it was easily controlled. In a few days my patient was up and around as well as ever.

To have called your attention to this subject is, I dare say, but to have revived in the minds of the majority present a point that has long ago been settled. While it has been the good fortune of the majority to be able to adjust this matter satisfactorily, it has not been the case with me. Hence the reading of this paper to-night.

While I do not ignore my past teachings, or wish to reflect discredit upon the judgment of those who advocate the prompt removal of the placenta, I do think, judging from the different articles that I have read in regard to the subject, and coming from the hands of distinguished writers, that we are justified in relying more upon nature than has been the general practice of the past. Should my short paper not receive the endorsement of this society, I will feel fully persuaded to accept its decision as a guide to my future practice, *contraindications always excepted.*

Is Cancer Contagious?

BY HAL C. WYMAN, M. D., PROFESSOR OF PHYSIOLOGY ETC., MICHIGAN COLLEGE OF MEDICINE, DETROIT, MICHIGAN.

During the past year not a little attention has been called to the question of the communicability of cancer. The papers by Drs. Thomas and Mundé,

of New York, have awakened interest in the question, and while they appear to represent opposite views, they at the same time unite in the opinion that there is no authentic case of carcinoma of penis resulting from inoculation by carcinoma of the uterus. A writer in the Revue de Chirurgie, Nicaise by name, says that cancer is not inoculable, and disputes that it can be transplanted from one animal to another, be the experients ever so carefully conducted. This statement is made in opposition to the statements make by numerous investigators who have succeeded in inoculating dogs with carcinoma, by injecting into their veins the juice of cancer of the breast, who have transplanted pieces of melanoma under the skin of rabbits and seen melanoma develope in the wound, and who have repeatedly satisfied the most expert pathologists that the growths developing after inoculation were of the the same character as the carcinomatous material used in the inoculation.

As long ago as 1862, there appeared in the columns of the Wiener Medicinische Jahrbücher the history of a case which quite closely proved that a woman who dressed the wounds of an ox suffering with encephaloid sarcoma which had been accidently incised, contracted a similar disease of the hand by inoculation.

The editor of the Medical News in a recent number, cites seven distinct examples of the transference of carcinoma and sarcoma from man to the lower animals, and most clearly affirms that these diseases may be grafted from one animal to another.

Some years ago I encountered in the course of a general practice, the following cases which have a remote bearing on this question: Mr. A., aged 50 years, for years a railway station agent by occupation, of previous good health and no hereditary taint ascertainable, sickened with dyspeptic symptoms which culminated after two years, in death by exhaustion incident to carcinoma of the stomach. Diagnosis verified by autopsy.

Three months after the demise of Mr. A., his wife aged 45 years, mother of children grown, consulted me because of weakening caused, as she supposed, by the constant care of her husband during the last few weeks of his illness. I found her pale, cachectic, very weak and the subject of a thin watery discharge of characteristic cancer odor from the vagina. A digital examination revealed carcinoma of the uterus and appendages. She died in convulsions about three weeks later, her general health having gradually progressed from bad to worse.

Older practitioners have mentioned in my hearing similar cases, of husband and wife both dying of cancer. Is it not possible that these cases were the result of inoculation—of transmission of cancer from husband to wife? In respect to the experiments which have been advanced in proof of the inoculability of cancer in the lower animals—horses, dogs, cattle and guinea-pigs,—they are certainly as convincing in their results as are those which have been made to show the communicability of phthisis. I am not aware that any one has advanced the idea of a cancer bacillus as is the case with phthisis, nor do I believe the demonstration of a specific bacillus in either disease essential to confirm the proofs of communicability, but there is sufficient evidence of the transmission of cancer by contact to make the question of its contagiousness a most interesting and promising subject for study and experiment.

Two Ovariotomies in One Day—Both Successful.

A CLINICAL MEMORANDUM BY DONALD MACLEAN, M. D., DETROIT, MICH.

On the 17th ulto., in one of the largest and most ambitious *villages* (?) of this State, I removed three ovaries from two patients, and although I have not had the pleasure of seeing either of these patients from that day to this, I have the assurance of one of the most eminent and venerable physicians of this State, Dr. Mottram, that both of them are now in the enjoyment of perfect health.

In one of these cases the tumor was comparatively a simple one, and the operation was chiefly remarkable for the ease and rapidity with which it was executed.

In the other case, both ovaries were cystic, and had to be removed, one being large, of rapid growth and extensively adherent. The patient was greatly worn down by pain and anxiety, and had acquired the habit of using very large quantities of morphia. She was extremely despondent, and reluctant to submit to an operation.

In both cases chloroform was administered; in both cases the pedicles were tied with silk ligatures and returned; in both cases the abdominal cavity was most thoroughly sponged out by the same set of sponges; in both cases the glass drainage tube was dispensed with; in both cases the simple dressings (viz., a strip of carbolized oil silk over the incision, external to that several sheets of the finest cotton wadding, and over that a soft flannel bandage, firmly secured with safety pins) were untouched until the fifth day, when they were opened up and all the silk sutures removed.

It was then found that in the first case the wound had healed absolutely by first intention. In the second case there was a slight degree of separation of the superficial edges of the wound at the lower angle; all the rest of the wound had healed by the first intention. On the same day (the 5th) an enema was administered to each patient and with excellent effect in both cases. From this time on, the daily reports continued to be as they had always been, entirely satisfactory, and on Feb. 2d my venerable friend wrote to me, "And now for a few last and best words about your cases here." The essential essence of these words is contained in a single line: "entirely well, and gaining strength every day."

I ought, perhaps, to mention that the first and simpler of these two cases had been examined by me

some weeks previously, while the latter and more complicated one was introduced to me for the first time about one hour and thirty minutes before the operation was commenced.

To travel by rail a distance of two hundred and eighty miles, and perform two successful ovariotomies, and all within the space of twenty-four hours, will be generally admitted I think, to be a pretty fair day's work; and still I am fully aware that it is no uncommon thing far a harder day's work to be done, more urgent risks undertaken, and even more striking results to be obtained by country practitioners, who are too busy or too modest, one or the other or both, to claim for themselves the credit which they so richly deserve.

72 Lafayette Ave., Detroit, Mich. February 8th, 1884.

P. S. Since the above was written, I have had the pleasure of seeing both of these patients in excellent health and spirits. I may take this opportunity also to state that the case briefly reported in a late issue of this journal fulfilled in every particular the favorable prognosis then given, and the same remark applies to several other recent cases casually referred to in these columns. D. McL.

Detroit, Mich , Feb. 20th, '84.

Puerperal Convulsions.

BY N. L. FOLSOM, M. D., PORTSMOUTH, N. H.

Sunday evening, September 7th, 1882, I was called in consultation with Dr. Allen, of Kittery Point, Me., to see Mrs. Mark Briard, a wife of a soldier at Fort McClary, who was eight months pregnant. She was insensible and had been in convulsions since noon. The messenger declared that she was not in labor, and I, therefore, took no instruments with me. Dr. Allen also declared on my arrival, that she was not in labor. We administered an emetic, emptied her bowels by injections, put mustard on the back of her neck and on her stomach and feet. In addition we bled her from her arm more than a pint, and yet she remained insensible. I then examined her to ascertain if she was in labor. I detected a slight contraction of the mouth of the uterus. I then expressed my opinion that she never would come out of this condition until she was delivered, and that labor must be expedited by the introduction of the finger into the mouth of the uterus. Dr. Allen, while consenting to this procedure, said he would go home, (evidently thinking that my advice was new and of doubtful propriety). I objected to his withdrawal at this juncture and requested his assistance. It was not far from 12 o'clock at night when we began to dilate the womb with our fingers. One of us would sit with the finger in the mouth of the uterus for 10 or 15 minutes, and then the other would relieve him. The head was eventually entirely uncovered, although labor pains were feeble throughout the process of the dilatation. Shortly after full dilatation was accomplished the pains ceased entirely. We had no forceps and I was five miles from home. I happened to think that in the country, farmers sometimes have very long and large iron spoons. I inquired for one of these, which I bent and improvised as a vectis. With this I delivered the dead child at about six o'clock Monday morning. Having emptied the uterus I left the patient in the hands of Dr. Allen. She remained insensible until the next Thursday noon (four days from the first attack) when she gradually recovered her consciousness and health. Little or no farther treatment than that mentioned was had in the case.

I consider that the bleeding from her arm and emptying the stomach and bowels tended greatly to prevent congestion of her brain, and death from apoplexy. I think that in all cases of puerperal convulsions, if the physician would put the point of his finger against the mouth of the uterus and hold it there a short time, he would feel a slight contraction of the uterus, showing clearly that labor is beginning or has begun, and that then it is his duty to dilate the womb and deliver, and not rely upon medicines.

The above has been my practice ever since I commenced practice, in 1844.

Acephalous Monsters.

BY HORACE L. BOWER, M. D., GREENVILLE, MICH.

The reading of Dr. Duckwell's article in the AGE of the 25th ult., on "An Acephalous Monster," recalled an experience through which I passed some years ago, which I now report for the first time:

In September, 1869, I was called to attend a lady in her first confinement. She was well along in the first stage when I arrived. I soon ruptured the membranes, and found what I supposed to be a breech presentation. Labor advanced rapidly and I discovered my mistake in diagnosing the presentation, but as everything seemed to be going well I awaited further developments. Very soon the child was born, and upon examination I found it to be a well-developed babe, save that the bony structures of the entire occipital portions of its head were gone. It was living, but very feeble, and died in a little time. The woman made a good recovery.

In October of the following year I was called again to attend the same lady. The experience was almost precisely the same as before, save that the fœtus was dead and not quite so large. The woman again made a good recovery, and several years elapsed before she was pregnant for the third time. At this confinement I was not called, being from town. (I might, however, not have been called at any rate, our past experience not being pleasant). I was told that the lady was very ill, her labor being difficult, and she was finally delivered of a still-born child, although it was physically well-developed in all respects. The mother, although robust and healthy, has never been pregnant since.

Cards are out for the commencement exercises of the medical colleges of this city. The Detroit Medical College will have theirs on Friday the 29th inst., and those of the Michigan College of Medicine will be held on the 3rd prox.

The Medical Age.

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Commencement Exercises in the Detroit Medical Schools.—The medical schools of this city have closed their regular sessions, and in each case the usual commencement exercises were held with the usual programme of music, gala-day appearance of the stage and addresses of congratulation and advice to the young men who were given their introduction to the great body of the profession.

The sixteenth annual commencement exercises of the Detroit Medical College were held at Whitney's Opera House. An innovation on the regular plan consisted in holding these exercises in the afternoon, and its success was so marked as to probably induce that institution to hold its commencement exercises in the afternoon instead of in the evening in the future. The degree of Doctor of Medicine was publicly conferred on twenty-five graduates, to whom was also administered the Hippocratic oath. Following their reception of the parchments the graduates were addressed by Prof. Eugene Smith, of the college. He insisted upon the necessity of their observance of the golden rule in their relations with their fellow practitioners; admonished them to avoid conceit, to reject all pretences not founded on fact, and above all to abhor charlatanism. There is a danger, said the speaker, of practitioners falling into ruts as to methods of investigation and diagnosis and treatment of disease. Physicians should avoid this danger by breadth of study and a wide, liberal, earnest and tireless search for truth, both in books and their practical experience with disease. The address was an exceedingly timely one, delivered in good style, and closed with a manly, hearty and cheerful welcome of the newly-ordained Ministers of Medicine, to all the pleasures, to all the trials, labors and dangers of professional life, and to the keeping of the sacred charges received at the bedside and in the sick-room.

Following Dr. Smith's charge to the graduates, the Rev. J. Hazard Hartsell, D. D., delivered a most animated and eloquent address to the public.

In the evening the graduating class, local physicians and representative members of the profession throughout the state and from Ontario, to the number of about three hundred, were entertained at a banquet, provided by the alumni and faculty, at the Russell House. This was an exceedingly successful and interesting occasion. The menu was of the highest order of excellence and the responses to the regular and volunteer toasts were uniformly well-timed, while such an air of good-feeling pervaded the gathering as has seldom been experienced at any professional meeting in this city. It seemed, indeed, as if it were a section of the millenium, so harmoniously did the elements blend around the festive board. The alumni and faculty are to be heartily congratulated on the success of this feature of the commencement exercises.

The fourth annual commencement exercises of the Michigan College of Medicine were held at Whitney's Opera House on the evening of the 3d inst. The house was filled, and the stage was ornamented with a profusion of tropical plants. After an overture by the orchestra, an address was given by the Right Rev. S. S. Harris, Bishop of Michigan. The reverend gentleman, after congratulating the graduates on the successful completion of the course, welcomed them as members of a sister profession. The integrity of the medical profession, he said, is a matter of great public concern. Physicians have most sacred cares. All that men holds dearest depends upon them. They must minister to the agony and anguish of pain. They must stand with unblanched

cheek in the presence of suffering and death. They are to tread with freedom, yet with reverence, into holy homes and mid the squalor of outcasts. Among epidemics and all suffering, they go to and fro, messengers of confidence, hope, succor and relief. How they conduct themselves is a matter of manifest importance to the whole body, social and politic. The character of a physician must depend upon his own integrity, character and learning. He should not be alone of high conscience, but of correct moral principles. He should shield the profession always from charlatanism and kindred evils. Purity and holiness are necessary qualities of the great physician. The speaker's ideal physician was strong, tender and true, with quiet confidence in himself, with perfect use of his abilities and faculties, the gift of understanding at a glance, of full and ready soul; with quick intelligence and sympathy, but never allowing affection or tenderness to unnerve him; pure hearted and pure minded, an evenly balanced moral character, not only an honor to his profession, but a credit to the community.

After the close of this eloquent address the degree of the Doctorate of Medicine was conferred on twenty-seven graduates.

Following the conferring of the degrees Prof. Wm. C. Gustin delivered the address to the graduates, speaking of the dignity and honor of the profession in whose practice they were about to engage and of its importance; giving good advice as to their course of practice and life, and the moral precepts, which should guide them. He enjoined on them the necessity of unceasing study if they would keep abreast of the age and be at all times in the best qualified condition for the practice of the profession of their choice.

Following the commencement exercises proper, the faculty, graduates and invited guests adjourned to the Abstract Building, where refreshments were served and several hours spent in pleasant social conversation. The whole evening was a very enjoyable one long to be remembered by all interested in its ceremonies.

Amenorrhœa and a New Remedy Therefor. —Dr. J. Matthews Duncan, of St. Bartholomew's, London, has recently been delivering a course of lectures on the subject of amenorrhœa, from which we glean certain statements which are, to say the least, sufficiently novel to attract attention. He is not inclined to regard amenorrhœa as the grave disease which our forefathers held it to be, or which it is, indeed, held to be by very many contemporaries. It may be doubted, he says, whether it is ever more than a negative symptom. Certainly, except, perhaps, in exceptional cases, it should be regarded neither as a disease nor even a disorder. Often, as in wasting diseases, it is a beneficial arrangement, saving for the sufferer a considerable amount of energy and of blood. He holds that there are many delicate women whose health would be very much improved in every way if they had amenorrhœa, and some modern enthusiasts would recommend for such women the operation of spaying. Many cases of so-called dysmenorrhœa are simply cases of ill-health induced by menstruation. A weak girl has no energy to spare even for the normal process, and when the time for her menses comes she gets alarmed, dark areas surround her eyes, her back aches and she is a patient; not, as she ought to be, a vigorous blooming woman, fit to endure menstruation and also fit to go successfully through the dangerous processes of pregnancy, parturition and suckling.

Two sets of cases occur where the amenorrhœa is probably morbid: 1st. In healthy robust women who have for years menstruated regularly, and perhaps even borne a small number of children, and who now, while still young, do not menstruate. Such cases of annihilation of at least the visible parts of this process, and probably also of the ovular or invisible part, seem no more than an arrest of a function which is justly expected to go on regularly in healthy women; it is due to sluggishness of the whole genital system. The other class comprises those cases of bad health, and especially of anæmia or chlorosis, where the disorder is probably in some nervous genital center, and whose chief manifest result is amenorrhœa. Anæmia or chlorosis, from any cause may induce amenorrhœa, but there is a large class of cases where chlorosis seems not to be the cause of amenorrhœa, but probably the result of it, or rather of that derangement of the nervous system which is evinced by the amenorrhœa and chlorosis.

The commonest form of amenorrhœa is that of young girls still in their teens, or only lately passed them, with chlorosis or green sickness as well as cessation of menstruation, and whatever may be the true theory of such cases, in practice they are regarded and treated simply as cases of chlorosis. The condition is very frequent among girls brought from the country to boarding schools and towns or to domestic service; both modes of life requiring large amount of work with a deficiency of open fresh air and bodily exercise. In whatever manner produced the disease in these cases is of great importance, leading, as it sometimes does, to disease of the heart, to renal disease or phthisis pulmonalis. Of quite another pathology are cases of what is called suppression of menstruation. This has nothing to do with anæmia or chlorosis, but rather with morbid congestion or inflammation of the internal genital organs. A girl in the early days of menstruation, or in the days immediately preceding, is exposed to cold, or it may be has had wet and cold feet. The flow of menstruation is quickly and prematurely arrested or does not come on. There is more or less pain in the lower belly and sacrum. There may be more or less fever. Such cases are managed and treated as cases of more or less grave inflammation. They should be confined to bed. The hypogastrium should be poulticed, and laxatives and diaphoretics administered. Free loss of blood by menstruation is desirable in these cases and the

poulticing may favor it; or if it does not come, three or four leeches may be applied to the perineum. When the next molimen menstruale shows itself great care is to be taken to encourage the appearance of the menstruation and copious flow by rest and warmth. The aim of treatment in amenorrhœa by suppression is to moderate or diminish congestion. In ordinary amenorrhœa from uterine sluggishness or from chlorosis, the aim is to stimulate the generative organs, to produce or create congestion. Cases of this latter kind may be completely amenorrhœal or the menstruation may be scanty, or instead of bloody discharge there may be only temporarily increased mucous discharges (whites). There may be a molimen or it may be absent.

Dr. Duncan then considers briefly the remedies which have been recommended in amenorrhœa. When there is a molimen he prefers the pediluvium to the full bath or the hip bath. In addition to this, while the molimen lasts some stimulant may be given, and of the many in use he prefers the oil of pennyroyal, a drop doses in some vehicle several times a day. When there is no molimen he knows of no direct remedy which acts as an emmenagogue. In such cases savin or cantharides in large doses, the most powerful of so-called emmenagogues, may no doubt cause blood to flow from the womb, but this is not only a caricature of menstruation, but it is also an unmixed injury to the woman. The same medicines given to man may cause strangury and hæmaturia. But that is not menstruation any more than is the flow of blood following their use in woman.

Having declared that there is really no emmenagogue action attached to any drug of which we have any knowledge Dr. Duncan mentions the only truly emmenagogue medicine with which he is familiar. It not to be found in the pharmacopœia. It is erotic excitement. Of the value of erotic excitement he has no doubt, but it is only in a modified and carefully considered way that it can be used immediately. There are many points at which medicine and morals come into contact, and their consideration is most important. A long lecture might with great advantage be given describing the mutual relations of the one to the other, and especially with a view to the present subject—the therapeutic power of morals in medicine and the therapeutic power of medicine in morals. The inducement of this erotic excitement, if it is to be induced at all, must be at the wisdom and discretion of the practitioner, who must be the judge of the extent to which it may be advisable to allow the therapeutic properties of this condition to trench on its moral aspects. Few physicians, we take it, will be prepared to take the responsibility of advising it as a therapeutic measure.

Trichinous Pork and Trichinosis.—"Jingoism" is by no means confined to England. A very respectable (that is considerable) sprinkling of it pervades this country. It is excessively sensitive on the question of national "honah" and has lately affected to see in Bismarck's exclusion of American pork, and his refusal to accept the Lasker resolution, direct insult to the flag. The medical journalist, as such, has nothing to do with the sentiment on which "jingoism" thrives, and is content to relegate the question of the bearing which the exclusion of American pork from Germany has thereon, to others. It is not for us to discover, or to engage any attempt to discover, in the refusal to recognise in the American genus porcine, any reflection on the American genus homo, and can only view the question in its sanitary bearings.

Germany seeems to be peculiarly subject to trichinosis, an alarming wide-spread prevalence of this disease being from time to time reported. Doubtless this comparative frequency of its occurrence is chiefly due to the fact that raw or but partially cooked pork sausage is more extensively eaten in that country than in any other. So liable is it to wide-spread fatal epidemics of trichinosis, that the government has under commission a regular army of eighteen thousand inspectors, each of whom is provided with a microscope with which to examine the pork exposed for sale. One would think that with such precautions against the consumption of trichinous pork, the prevention of the spread of the affection to the people would be assured. It seems, however, that in spite of all these precautions the disease has continued to number its victims. A large amount of American pork has of late years found its way into the German market. Now, within a comparatively recent date, certain physicians of this country have publicly declared that the commercial spirit in some of our great pork packing centres has prevented that proper circumspection in the matter of selecting pork for the market which the interest for public health demand. These declarations having appeared in the proceedings of health associations, they found their way across the seas vested with a sort of authority which they, perhaps, did not deserve. But whether the charges were true or not, no one will dispute the wisdom of Germany in regarding with suspicion, under the circumstances, the supply of pork from this country.

It has been asserted that our pork is excluded for commercial rather than hygienic reasons. It is barely possible that speculators have secured its exclusion with a view to creating a corner in the home product. American speculators are not guiltless of like heinous offenses; but we are of the opinion that if we were to put ourselves in the place of the Germans we should be able to find in the facts as they exist, a sufficient reason for such exclusion on grounds not purely of business policy. Were trichinosis as prevalent in this country as it is now in Germany, and were that country a source of large supply of our pork, it would be, to say the least, very unwise were we to pay no regard to declarations of eminent members of the German profession, to the effect that improper care was exercised in the selection of the pork packed for export to us.

one deep inspiration will be sufficient to relieve this, when the napkin should be immediately replaced. Squibb's ether is in no way superior to that of other reputable manufacturers.

The incision folly consists in making a cramped cutaneous incision, instead of one sufficiently large to fully display the tissues needing examination. A cut of the skin three inches long is no more dangerous than one two inches long. In opening abscesses a free cut is more satisfactory than the mere puncture or button-hole incision.

The sponge folly consists in the employment of sponges which have done previous service. They are seldom or never properly free from septic matter. To obviate this danger napkins or towels are to be employed instead of sponges. Japanese paper napkins answer a very useful purpose. Absorbent cotton is valuable but it is expensive, and besides it is apt to leave filaments entangled in the wound.

The styptic folly is also a very common one. Alum, tannin, and that vilest of all styptics, Monsel's solution, prevent or delay union by first intention by irritating the edges of the wound and preventing their coaptation. Except when a large vessel is severod pressure is all that is demanded. When such a vessel is divided ligation, torsion or acupressure should be employed, but under no circumstances styptics.

The suture folly. The old idea that sutures should not be employed in the scalp has been long exploded, but still another folly exists in connection with sutures, and that is that silver wire only should be employed for suturing purposes. Iron wire is equally valuable and much less expensive. A nice iron wire can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment, should the operator object to the presence of a small amount of oxide of iron in the wound.

The adhesive plaster folly is prevalent. The enveloping of a stump or the covering up of an incision with adhesive plaster prevents drainage, is uncleanly and does no good. Adhesive plaster has little or no value in surgery, except for making extension, and preventing motion in cases of fracture.

Sponges, styptics, and silver wire are useless and worse than useless, and their banishment will be a long stride in the progress of surgery.

The dose folly consists in the exhibition of an insufficient quantity of medicine. It should more properly be called the *small* dose folly. Of what use is a sixteenth or an eighth of a grain of morphia to a man in severe pain? Give him a quarter or even a half grain, and repeat if necessary. And what is true of morphia is true of all other drugs—quinine, atropia, strychine, digitalis, mercury, pilocarpine, etc.—they must be given with a bold hand to produce their effect. First, be sure of your diagnosis and then go ahead. Many surgeons fail to cure because of the tentative use of drugs which comes of uncertainty of diagnosis.

Brain Growth.—Your extract in Age of 11th ult. of Prof. Grant Allen's article "Remarks on Brain Growth," in Popular Science Monthly, gives rise to a few thoughts which I send you, hoping thereby to stimulate inquiry in others. With reference to development of brain power Prof. Allen tells us that there are only two conceivable ways in which any increment of brain power can ever have arisen in any individual; the one by "Spontaneous Variation," the other by "Functional Increment." The professor does not hesitate to pronounce the "spontaneous variation" theory as "unthinkable" (whatever that means), while he as unqualifiedly accepts the theory of development from use in the individual during conscious life. It would seem from close observation of facts, that an absolute accession of brain power can arise in no other way than by "spontaneous variation" (Darwin's theory). By this theory Prof. Allen wishes us to understand variations produced by minute physical circumstances affecting the individual in the germ, and this he claims to be "unthinkable." Now there is no better established fact in physiology, than that mental impressions made upon the mother during pregnancy, will produce physical effects upon the germ within her womb, and if physical why not mental effects as well? If the sight of an hideous ape will mark the offspring for life physically, why will not a splendid oration or a grand sonata stamp these peculiar impressions on the mental side as well? And thereby hangs a philosophy which needs more light, and which may explain, at least to a great extent, the sudden springs, so to speak, of mental development in individuals. A Galileo, a Newton, a Shakespeare, may be thus easily accounted for.

Mother's marks, deformities, defects of sight, hearing and speech, color, development, are some of the effects produced by "variations due to minute physical circumstances, affecting the individual in the germ." These facts we know. Are we less cognizant of these other facts, of temper, feelings, etc. being transmitted?

It would seem that herein lies the fact of every increment of brain power, and that "use and exposure to varying circumstances of conscious life" develop only increase of function of individual brain elements and their various groupings, forcing upon these the best activity of which they are capable, yet adding nothing thereto. By combining both theories we get inherent possibilities, with the greatest functional activity.

Perhaps these roughly-hewn hints may set some skilled hand to work.

Holman S. Humphrey, M. D.

Jonesville, Wis., Feb. 1884.

Remedies for Enuresis.—Dr. J. Cooperider, of Taylorsville, Ind., declares in reply to the request of a correspondent, as given in our last, that he has observed the best results to follow from the use of full doses of rhus aromatica in cases of enuresis, in

which the cause did not lie in any congenital defect or surgical disease. This drug has within the past few years been very highly extolled as a remedy for this condition, although our individual observation of its effects have not been such as to give it pre-eminence. Doubtless when the incontinence is due to impaired tonicity this remedy, through its stimulating diuretic property, is beneficial.

Dr. B. C. Thorp, of Mattawan, Michigan, has found the following formula to answer well in his practice :

℞ Potassii. bromidi..... ʒ ij
Ext. staphisagriæ fluidi..... ʒ jss
Ol. cajuputi..... ʒ iij
Syrupi. qs ad..... ℥ jv

Mx. Sig. A teaspoonful every 4 hours for an adult; to be diminished for children.

In many cases, the cause is of central nervous origin. In these the remedy can be discovered only through patient and perserving trial of the many nerve-tonics or cerebro-spinal stimulants at our command. In some cases everything will fail until strychnia is given to secure its physiological effects; in others everything may be tried in vain until the bromide of potassium is administered in full doses; and again the whole list of drugs may be gone through without benefit, and the patient is cured by a persevering use of electricity. If it were possible in every case, to determine its etiology, the selection of the remedy would, of course, be very much simplified. Unfortunately this is not always possible. In treating any given case it is necessary to pay attention to the general condition of the child, and usually liberal doses of the tincture of the chloride of iron and quinine will be required. With a view to stimulating the bladder, which is usually at fault in these cases, small doses of the tincture of cantharides may be combined. The general condition of the patient having been improved, if the enuresis still persists attention must be directed to the more direct cause if haply it may be discovered. Belladonna is useful in allaying irritability of the bladder when the cause is due to this, and when an atonic catarrhal condition exists the balsamic diuretics, such as buchu, copaiba, etc., are valuable. In this latter condition we believe rhus aromatica to be serviceable. A blister over the sacrum may sometimes be required, and lately Dr. Da Costa has reported good results from three-grain doses of chloral hydrate three times a day. It is, however, impossible to prescribe any remedy which shall promise uniformly successful results in the relief of the condition of which enuresis is the symptom, and the practitioner will often find his skill and perseverance sorely taxed to effect a cure.

Cauterization of the urethra for half an inch from the meatus, by means of a piece of lunar caustic, has the endorsement of high authority, in obstinate cases.

Coca.—H. D. Hicks, M. D., Boston, writes as follows in the N. Y. Medical Journal :

Though several years have passed since coca has been introduced into medicine, I find, upon inquiry among my fellow-physicians, that its use is extremely limited. Many druggists do not keep it in stock, saying that they have no call for it. Some have obtained it for me, the only one prescribing it among the physicians sending recipes to their establishments, and I have found a few that confessed ignorance as to both its existence and uses.

I have used it both personally and in my practice, and find it of great service in the following conditions:

To prevent and relieve fatigue.

In those cases of backache accompanied by high-colored urine with excessive amounts of urates and uric acid.

In short breathing dependent upon weakness of the muscles of respiration.

Palpitation of the heart, without valvular lesion, due to dilatation or to weakness of the heart muscle.

It renews the vigor of the intellect, and relieves mental exhaustion, rendering the flow of thought more easy and the reasoning power more vigorous.

It dissipates "the blues," leaving the mind calm. By its use the depression following an indulgence in alcoholic liquors is relieved, and it invigorates the exhausted sexual function due to excessive venery.

It destroys the craving for alcohol, and in small doses, is useful in sick headache and headache resulting from over-exertion. Its habitual use as a part of the daily diet conduces to mental clearness and activity, freedom from fatigue, and sound sleep.

These declarations are supported by detailed reports of cases.

A Sad Discovery in Homœopathy.—Dr. J. Edward Smith, a leader in homœopathy, has, according to the Philadelphia Medical Times, discovered that the sugar of milk, which is employed by those of that ilk as an inert vehicle in making triturations, is universally impure. He says:

"The first effect upon the mind, which an unquestionable proof that all sugar of milk, wherever bought, contains at least enough silica, alumina and iron to constitute itself the sixth decimal potency of these drugs, if it have received the requisite amount of trituration, is a fact that seems stupendous when we reflect that many of the polycrests may only be prepared by trituration, while the process has been adapted to many other drugs. The matter is not benefited, apparently, by the matter placed on record by Dr. Conrad Wesselhoeft, that the glass of bottles, such as we use for preserving dilutions, is, to a very appreciable extent, soluble both in water and in 95 per cent. alcohol. We see at once that whenever we have prescribed an attenuation of any remedy we have in reality administered two or more drugs; and furthermore, with reference to silica, alumina and iron, we have never given them in a potency higher than a sixth decimals, if one measure potency by dilution rather than by dynamization."

Children's Parties in Winter.—It may seem ungracious, says the Lancet, to strive to put a limit on the pleasures of the young, but it must not be forgotten that early youth is the period of growth and developement, and that any thing and every thing that causes a special waste of organized material without a compensatory stimulus to nutrition, ought to be avoided. Dr. Cullimore has dealt with the general effects on health, and he has not exaggerated the evils that sometimes ensue, and are always likely to be entailed by this form of juvenile amusement. We turn from these to the mental and nerve injuries inflicted on the growing organism. They are certainly not to be disregarded. A perfect storm of excitement rages in the little brain from the moment the invitation has been received, and the affair is talked about in the nursery until after the evening. Sleep is disturbed by dreams, or, in some cases, prevented by thinking of the occasion, and afterward the excitement does not subside until days have elapsed, perhaps not before another invitation has been received. Not only in winter, but at all seasons, we think the amusements of young children ought to be simple, unexciting, and as free as possible from the characteristics of the "pleasures" of later years. As a matter of fact, "children's parties" are in no way necessary to the happiness of child life.

Syphilitic Test.—Dr. H. C. Wood prescribes the following test for syphilis in doubtful cases: Persons are often unaware that they are suffering from syphilis. They honestly believe that they never had primary or secondary symptoms; these symptoms may, however, have been present, but so slightly marked as not to attract attention. Again, this is one of the points about which human nature often fails. People, even when death is staring them in the face, and their lives hang upon the truth, make false statements. As we have a touchstone by means of which we are able to decide whether or not a patient is suffering from cerebral syphilis, I ask no questions, but apply the test where I have reason to suspect any disorder. It is a serious matter to mercurialize a patient, but it does no harm to produce iodism, so that when making the test I always employ iodide of potassium. If I find that ten grains three times a day produces symptoms of iodism I am almost sure that the case is not one of specific disease. If, on the other hand, the patient takes from one-half to one drachm of iodide of potassium and waxes fat thereon, I am almost sure that he is the subject of specific disease. There are some persons, not syphilitic, who will stand large doses of iodide of potassium, but such cases are rare, so that when a patient will take half a drachm of the remedy three or four times a day it may be concluded that he is syphilitic. I say this with one reservation. Persons who have gradually accustomed themselves to the use of iodide of potassium, as for instance, those who are asthmatic, will stand large doses of this drug, even when not suffering from syphilis. In such a case there will be the history of the long continued use of the remedy. You must remember, also, that there is a syphilitic asthma, so that the relations of iodide of potassium to asthma are in many cases easily explainable.

The Contagiousness of Cancer.—In the last issue of the Age, (25th ult.) I notice an article from Professor Wyman considering the communication of cancer, in which the Professor takes the ground, judging from his *two* cases therein reported, that cancer *is* communicated from one individual to another, and that in his two cases, such was the mode of contagion in the one last dying.

Now, in all due deference to the Professor's opinion, allow me to say that I know personally of some *ten* cases, most of whom were under my care, where *no contagion could be thought of*, as the "other partner" has survived the demise of the one dying from one to ten years, and without a symptom of the disease so far.

The cases I have reference to embrace cancer of the mouth, tongue, vagina, rectum, uterus and stomach, as the different localities for the seat of the disease. In fact, I never saw a case where contagion entered into the case as a causative factor. It takes a little more than *two* swallows to make a summer, you know, Mr. Editor. Yours very truly,

C. Henri Leonard.

Inquiry—Anæsthetics in Labor.—The following is addressed to the readers of the Medical Age:

I shall be greatly indebted to you for any information you will be pleased to give me on the following points in relation to anæsthetics in labor, viz:

1. What is the best anæsthetic for such cases?
2. What is the effect of chloral hydrate administered previous to the anæsthetic?
3. Do you find that it arrests uterine contractions so as to retard delivery?
4. What effect, if any, does it have on the child, either before or after delivery?
5. Does it have a tendency to the production of post-partum hemorrhage?

Any other points of interest on the subject not covered by these questions, will be gladly received. To those sending statistics I will send reprint of article on the above topic.

I remain yours fraternally,

W. E. Ziegenfuss, M. D.

Albany, Wis.

Treatment of Diphtheria.—Dr. R. S. Powell, of Virginia, recommends the following, (Southern Medical Record): Dissolve a teaspoonful of pulverized copperas with a tablespoonful of common salt in about half a pint of water. After mixing well wrap a thin piece of cotton or linen rag around the finger, and after wetting it in this solution insert it into the patient's throat and completely wipe off

every particle of epithelial matter. Throw that rag into the fire and repeat the operation with a clean rag so as to get the solution in contact with the diseased surface. This destroys the fungous growth and prevents a reformation of the same. Require the patient to use a gargle of salt alum as often as the severity of the case may indicate, and, also, to counter-irritate the throat with a flannel rag wrung out of hot salt and water, applied as warm as the patient can bear it. If the patient is much debilitated or nervous, give small quantities of brandy and quinine at short intervals. If this treatment is persisted in, it will, says Dr. P., cure a majority of cases in from three to six days.

TULLY'S POWDER.—The following the formula for Tully's powder is given in response to the request of a correspondent:

Sulphate of morphia.....1 part.
Camphor.....20 parts.
Glycyrrhiza, in No. 6 powder..20 parts.
Precip. cart. of calcium.....20 parts.
Alcohol..... .....q. s.

Rub the camphor with a little alcohol, and afterward with glycyrrhiza and precipitated carbonate of calcium until a uniform powder is produced. Then rub the sulphate of morphia with this powder, gradually added, until the whole is thoroughly mixed. The dose is regulated by the quantity of sulphate of morphia it may be deemed desirable to give. Ten grains contain one-sixth grain of this salt, and would thus be a medium dose.

SORE THROAT IN CHILDREN.—"It is an interesting question," Dr. Ashby observes in the Practitioner "that does not admit of a certain answer: In what relation does epidemic tonsillitis stand to scarlet fever, or diphtheritic sore throat to diphtheria; are the poisons alike and yet essentially different, holding a relationship like that of varicella to variola, rötheln to measles, summer diarrhœa to Asiatic cholera? Are these sore throats in reality the result of infection with attenuated scarlatinal or diphtherial poison? The remarkable results obtained by Pasteur in the cultivation of the organisms concerned in the chicken-cholera and splenic fevers are extremely suggestive, and may help to explain how at one time, or in one district, cases are extremely severe, and at another time or place the only effect produced consists in a series of feverish sore throats. Do such attacks of sore throat protect from scarlet fever? Long-continued and collective investigation alone can afford an answer."

There has been considerable discussion (or at least the communications have occupied considerable space) in our local newspapers during the past few weeks, of the important questions of trichinosis and the importance of sewer gas as an etiological factor in diphtheria. What the result will be on public health remains, of course, for the more or less future to reveal. Thus far the communications have succeeded in advertising to the public the fact that certain of our physicians are eminent authorities on the question under consideration, and in furnishing additional evidence of the fact (if such additional evidence were necessary) that medical authorities, be they ever so eminent, are still very apt to differ. We cannot withhold our opinion that the laudable end which the disputants have directly in view, to wit, the public health, would be much more efficiently promoted were they to come to some conclusion touching the moot points, before appearing in public. A dispute on these points in a medical society, or in the columns of a professional journal is not only unobjectionable but quite proper, but when it is held in public, where arguments, however appreciable, are appreciated only by a very small minority, it loses its seemliness. Dogmatic assertion met by dogmatic contradiction in the disputes of medical men, is not calculated to increase the public appreciation of the profession. When the public are to be instructed let it be on points touching which there is some degree of unanimity in the ranks of the profession. When the profession have agreed either that sewer gas will or will not cause diphtheria, it will be time enough to bring that particular feature in connection with defective sewarage before the public. The profession have agreed that defective sewerage is a great evil, and we apprehend that argument to convince the public of the fact is no longer necessary. Whether our sewerage is or is not defective, is a question of fact which cannot be decided in the columns of our newspapers.

The suit for libel brought against Drs. Bray and McCammon, members of the Ontario (Canada) Medical Council, by one Dr. Souvielle who runs a "spirometer" as a diagnostic, therapeutic and prognostic device, has, we learn from the *Canada Lancet*, been decided in favor of the defendants. They had denounced the plaintiff as a quack. Souvielle is a legally qualified physician, under the Ontario Medical Act but has been guilty of unethical practices. A movement has been set on foot whereby a fund may be raised with which to recompense Drs. Bray and McCammon for the expenditure of time and means necessary in this test case. A noteworthy example of this rallying to the support of physicians who occupy representative positions as defendants in suits at law, has recently been given in England. Two physicians having performed tracheotomy on a child left the patient in charge of its father, whom they instructed to keep the tube clean, even if it became necessary to do so by oral suction. The father having contracted the disease brought suit against the physicians for damaged which he had thereby sustained, but judgment was rendered for the defense. Following this the plaintiff instituted criminal proceedings against the physicians, alleging that his child's death was due to negligence, charging specifically that the temperature was not taken, that the throat had not been properly examined, that chloroform was not given

and that proper stimulants and diet had not been ordered. After five days' of trial the judge dismissed the case without calling for the defense. Sixteen hundred letters containing from $2.00 to $50 have been received by the defendants to recompense them for their time and means spent in the suit.

Dr. McGuire reports in the Medical News the case of a person who consulted him to have her (his) sex determined. She (he) was thirty-five years of age and had always passed for a woman. The general appearance justified the belief that the sex had been correctly fixed, but on examination the doctor found in the proper position an organ very much like a penis. It was three-quarters of an inch long and was provided with a glans and prepuce, but was destitute of meatus. A sulcus was discovered, half an inch in depth an two-and-a-half in length, resembling a vagina. Lying at each side of this sulcus were what might at first glance be mistaken for labia, but on inspection they proved to be sections of a scrotum, and in each was a well developed testicle. The urethra opened into the sulcus. No prostate gland could be discovered. All the proclivities and desires were masculine, even to the occurrences of erotic dreams during which discharge escape from the urethra. The individual was informed that he was a male and was advised to assume masculine attire, and endeavor, as far as possible, to be a man among men. An operation looking to the creation of a urethra in his penis was advised, in order that urination might be accomplished in a position in keeping with his true sex, in lieu of the sitting posture, *a la* the female.

The Medical News, of Philadelphia, having expressed some doubt as to the existence of certain letters from prominent members of the profession, to which Dr. D. B. St. John Roosa referred as supporting his position on the question of the New York Code, that gentleman volunteers the information that the letters cannot be produced and published at the call of the News, because they are private letters. To publish them under these circumstances would be a violation of the code which he holds very dear—the unwritten code that obtains among gentlemen. To publish these letters would, moreover, be to invite for the writers the same kind of attacks upon their integrity and motives that have been so persistently made upon those who have "thrown off the shackles" of the Judicial Council of the American Medical Association. When the writers of those letters are ready to face the persecuting spirit which dropped the name of Alfred C. Post from the roll of the American Surgical Society, and which in New York City impotently threatened to boycott and ostracize the opponents of the Old Code, Dr. Roosa has no doubt they will write and speak to the profession at large.

The mortality statistics for the month of January last show fifty-seven deaths from diphtheria and croup in Detroit (pop. 135,000), the largest percentage of deaths from this cause occurring in any large city in the United States, in that month. Chicago, with four times the population, had 66 deaths from this cause; Cincinnati, twice as large, one death; Milwaukee, same size, 16; New York, ten times as large, 64; Boston, thrice as large, 47; Cleveland, with fifty thousand more population, 9; Philadelphia, seven times as large, 100; Baltimore, thrice the size, 51. The annual death-rate per 1,000, estimated on all the deaths in January is 23.6, is larger than that of any other city in the North, that of St. Paul, Minn., alone excepted. It being the boast of our citizens that we have the purest water-supply and the best sewerage in America, this high death-rate and the deaths from diphtheria, are somewhat puzzling. Would it not be well for the authorities to institute a careful, searching investigation of our sanitary condition, even though it be at the risk of developing things that may not be calculated to flatter our vanity?

Dr. David Stovel holds us responsible for certain errors of statement in the article which Dr. Owen so severely criticized in our last. He says: "In my first letter to you I recollect saying the bruise caused by the kick was on the *left* side and, in speaking of the lower two inches of the invagination of the ileum, said it had *sloughed*. While thinking over the affair the following day I saw the mistake I had made and wrote you a letter enclosing stamps for an answer and requesting you to change the word *left* for the word *right*, and I think the word *sloughed* for the word *mortified*." This is the only portion of a communication which he has written us on the subject, which he wishes to have published, preferring to leave the character of Dr. Owen's letter to "the judgment of the profession." We cheerfully give the doctor the benefit of the above correction, which would have been made in his article had it been received before the latter went to press. We fail, however, to discover wherein the essential features of his report have been affected by our omission to make the corrections. The distinction between "sloughing" and "mortification" is not sufficiently great to be recognized by practical men in a case of the nature and gravity of that reported.

Dr. B. W. Richardson, of London has announced the early appearance of the Asclepiad, a quarterly medical journal, which is to be devoted exclusively to reports of his own observations and original researches. This is something new in the field of medical journalism, and we are not disposed to look unkindly on the venture. Dr. Richardson, notwithstanding some individualities, which amount sometimes to peculiarities, unites with his untiring industry many of the qualifications of the model physician, and his journal will, we have little doubt, prove valuable. The idea is a correct one and should be imitated to the greatest possible degree by every practitioner of medicine. No physician should allow a single observation not previously made, to pass unrecorded for the benefit of the profession. While few observe or experiment suffi-

ciently to justify their publication of an "Asclepiad" all should utilize existing medical journals to the laudable end which prompts Dr. Richardson's publication.

The fellow-students and friends of Dr. J. R. Arnold, who graduated in the 1883 class of the Michigan College of Medicine, will regret to learn the sad misfortune which has befallen him. For some time he had noticed a tumor, which gradually grew larger and more painful, in the popliteal space. The symptoms soon confirmed the original suspicion of its malignant (encephaloid) nature and made the necessity of amputation pressing. The operation was performed Thursday, the 6th inst., by Dr. Donald Maclean, Professor of Surgery in the University of Michigan, assisted by Professor C. J. Lundy, of the Michigan College of Medicine, in whose office Dr. Arnold has for some months been engaged in the study of ophthalmology. At this writing Dr. Arnold is doing as well as could be expected under the trying circumstances, in which he has the heartfelt sympathy of all who know him.

Professor Tyndall says on the subject of evolution: "If asked whether science has solved, or is likely to solve, the problem of the universe, I must shake my head in doubt. Behind, above and around us, the real mystery of the universe remains unsolved, and, as far as we are concerned, is incapable of solution. The problem of the connection of the body and soul is as insoluble in its modern form as it was in the pre-scientific ages. There ought to be a clear distinction made between science in the state of hypothesis and science in the state of fact, and, in as much as it is still in its hypothetical state, the ban of exclusion ought to fall upon the theory of evolution."

Dr. Edward B. Stevens announces his retirement from the editorial management of the Obstetric Gazette. None who have been readers of that well-conducted journal but will truly regret this action. Dr. Stevens has a peculiar adaptability for this special line of work, which the profession has not been slow to recognize, as is evident in the success which has characterized the journal from its start. His brethren in the editorial fraternity will cherish the hope that his retirement from the guild is but temporary, and that his facile pen and genial presence may soon again instruct and cheer.

The following conversation between one of the recent graduates of the Detroit Medical College and a Vassar graduate, whose frequency at the roller skating rink during the winter seems to have prepared the way for it, was overheard by our informant: He, tenderly, "Do you know, dear, that I have a heart affection for you?" She, beamingly, "Have you had it lung?" He, fervently, "Oh, yes, I feel that I will liver troubled life without you." She, softly, "Then you had better asthma." Then he hugged her so hard that she was obliged to have her clavicle dressed with a figure-of-8 bandage.

A correspondent questions the propriety of giving conium in the dose recommended by Dr. Newton in his formula for malarial diseases, in the last issue of the AGE. According to this formula the dose is twelve minims. The ordinary dose, as given in posological tables, is five minims. This, however, is probably too small, and we should apprehend no danger from the dose of twelve minims, although it would be prudent to give it with circumspection.

Brother Wood, of the Southern Medical Record, must have overslept himself. In his journal of February, 1884, he says that the American Public Health Association will meet on November 13th (1883) at Detroit, Michigan, and continue in session several days, during which papers will be read on some very important subjects. A full attendance, he adds, is expected. Evidently our esteemed contemporary has skipped a cog.

Contributions to the Sims' Memorial Fund are being constantly received. The profession can do a no more fitting thing than to erect a monument to the memory of the father of American gynecology. Dr. George F. Shrady, of the Medical Record, is secretary of the fund committee, and will receive contributions of one dollar and upwards.

The Rev. Dr. R. Heber Newton, whose criticisms of the Bible have produced so great a commotion in the religious world, is preparing an elaborate defense of his position for the April number of the North American Review.

The American Journal of Ophthalmology is the name of a new journal announced. It is to be edited by Dr. Adolf Alt and published by J. H. Chambers, of St. Louis. It will appear monthly. Subscription price $2.50.

A professor in Westminster Hospital College thus parodies the poet in giving expression to his conception of the etiology of phthisis: "Some are born to phthisis, some acquire phthisis, and some have phthisis thrust upon them."

Professor Bartholow recommends thymol as a disguise for the odor of iodoform. It is also an antiseptic and thus acts as an adjuvant.

Philadelphia Correspondence.

CEREBRAL SYPHILIS.—As we all cheerfully admit Dr. H. C. Wood is an authority, a chip of the old block (he is a nephew of the late distinguished Dr. George B. Wood), he possesses, according to competent opinions, one of the best medical minds in the world to-day, and by many years of earnest labor he has developed this mind to a very high point of culture. Well, Dr. Wood has been recently telling the College of Physicians of this city what he knows about "Cerebral Syphilis," and his views are very interesting.

His observation teaches him that this very serious condition is most usually found in those in whom the earlier manifestations of syphilis have been very

slight, so slight, indeed, as in some cases to absolutely pass unnoticed. For instance, a woman may have a primary sore in the vagina or on the uterus, or a man may have a chancre in the urethra, which, in either case, causing very little annoyance, attention is not directed to it; some slight secondary eruption, attributed to some other cause, may terminate the case for the present, without the man or woman having the most remote idea that he or she has been syphilized. Another peculiar feature about cerebral syphilis is that it rarely manifests itself for a long period after the original affection, oftentimes not for ten, twenty, or even forty years. Hence it is that we must always look with suspicion upon a persistent and obstinate cephalalgia, for which we can assign no particular cause, and which resists all ordinary treatment. If we can possibly suspect syphilis, we must feel our way with a specific therapeutics, (the iodide of potassium usually, though we may even try mercury) for this is the *experimentum crucis*, the absolute test, that will make for us a positive diagnosis, without which we cannot cure this troublesome and dangerous malady.

Ovariotomy.—Before our Obstetrical Society Dr. Wm. Goodell lately related the results of his ovariotomies for the past year. He has operated twenty-five times and has had seven deaths. A most striking feature in his experience is that the fatality was so much greater among patients operated upon in their own homes than among those who were surrounded with the accessories of hospital attendance; thus, of eleven performed in the hospital of the University of Pennsylvania, only one died; of four in his own hospital, only one; while of ten operated upon at their own homes, the enormous proportion of five terminated fatally. Another point to be taken into consideration in estimating the significance of Dr. Goodell's results is that he says that he never refuses to operate on any case, no matter how reduced may be the woman's strength nor how slim her chances of recovery. The justifiableness of this last is questionable. If a woman of intelligence insists upon having the operation performed after the whole matter has been thoroughly explained to her, and when she knows (and is capable of realizing all that this knowledge implies) that the chances are decidedly against recovery and that the operation is only calculated to hasten the fatal end, with but the barest chance of recovery, and if she then insists, well, it is a matter for the individual judgment of the operator to decide; though it is but just to say that Dr. Walter F. Atlee, upon whose shoulders has fallen the "*ovariotomized*" mantle of his distinguished uncle, (Washington L. Atlee,) refuses peremptorily to operate unless he considers that the chances for recovery are very good, and he denounces in the strongest terms all operative interference in desperate cases.

In the course of the discussion which followed Dr. Goodell's paper, many gentlemen, well-known in gynecological abdominal surgery took part, and it seemed to be the opinion of all that one of the prime factors of success after ovariotomy, was to be found in absolute cleanliness of the abdominal cavity; all hemorrhage must be checked, and all effused liquid carefully and thoroughly sponged out, before the edges of the wound are brought together, and to facilitate this cleansing, Dr. Goodell advocates good long incisions, though he says that it took him a long time to bring his courage up to the point of making them long enough. The carbolic spray, he does not use (because it is liable to make the patient sick, and he mentioned one fatal case, wherein he was satisfied that the result was due to carbolic acid poisoning), except under particular circumstances, as where the surroundings are usually bad and presumably full of disease germs or when a great many persons are present at the operation. He fears the drainage tube, also, because it may serve as a means of entrance for germs of disease, that may cause putrefactive decomposition in the otherwise healthy lymph. To sum up then, he would prefer that the abdomen should be thoroughly cleansed and the edges of the wound brought together without the introduction of a tube.

Albuminuria.—Can you tell me of a more uncomfortable position for a physician to be placed in than to be called upon to treat a case of albuminuria, due to kidney degeneration, and to have the patient expect to be benefited by drugs? I have had considerable experience in this line and know whereof I write. When my patient is intelligent, I explain to him that drugs will be of but little avail, that careful and regulated living is what he requires, and if he follows my advice he generally gets along pretty comfortably. But when an ignorant person who *can*not, or an obstinate, pig-headed one who *will* not follow my hygienic counsel comes along, then indeed, does the inutility of drugs make itself manifest and do we despair of the scientific aspect of our profession. When I was a resident in the Philadelphia Hospital, my good old chief, Dr. Ludlow, used to tell me that tannic acid would cause albumen to disappear from the urine; well, so it would, for a time, but, stop the acid and back comes the albumen. And so, a host of remedies have been recommended for the same purpose, but none of them have been demonstrated to be permanently satisfactory.

But now comes along our great therapeutist, Dr. Roberts Bartholow, who tells our county society that in nitro-glycerine and the chloride of gold and sodium, we have at last found that for which we have been so long looking. He would use the former in acute cases, immediately after the subsidence of the acute symptoms; while in chronic cases it is indicated at all periods, but is more especially useful if given before hypertrophy of the muscular layer of the arterioles has taken place; but how to make this microscopic diagnostic differentiation he fails to tell us; and he adds "How far any curative effect proceeds from action of this remedy on the sympathetic system remains to be determined;" and I fear that it will remain for a long time. The dose of the nitro-glycerine is one minim every three or four hours, of a solution of one minim of the pure drug in one hun-

dred minims of alcohol. The chloride of gold and sodium is indicated in the sub-acute and chronic cases, especially the latter; the earlier it is given the better. The usual dose is 1-20 grain, twice a day, but this may be much increased, if necessary. At the outset, 1-10 grain may be given; in a week the dose should be lowered to 1-15 grain, and after a month the regular dose of 1-20 grain should be steadily pursued, with occasional intermissions. Indigestion, gastralgia and colicky pains are occasionally caused by it; and if so, the quantity administered must be reduced. It is usually borne without any discomfort, but after prolonged administration, salivation, weakness, emaciation, trembling and other nervous phenomena may possibly occur. If no good effects are observed in two weeks, the remedies may be discontinued. Well now, Dr. Bartholow is an authority and what he says (and he has an awful lot to say) is always worth a great deal. Therefore, although I have had no experience with these articles, yet I am favorably inclined to believe that their use will, in certain cases, mask the presence of alumen in the urine, or if you prefer it, will cause it temporarily to disappear. But, and it is a very big but, do they remove the cause that has produced the albuminuria? Well, what is this cause? This question makes one realize how very vague and uncertain is our knowledge of the well-called Bright's Disease; for were it necessary I could enumerate a large number of theories, all of them supported by weight of most excellent authority, and all widely differing, as to the etiology of renal degeneration and of albuminuria. Reason, experience and reflection all strongly commend the view of Semmola, namely, that Bright's Disease is primarily a disease or an error of digestion. That owing to faulty digestion and assimilation, the albumen of the blood is not what it ought to be; that it is unfit to furnish proper nourishment to the body; that it is excrementitious and is excreted by the kidneys; hence the albuminuria, and further that this substance acting as an irritant to these organs, sets up first an inflammation and subsequently a degeneration, and thus we have Bright's Disease.

If this view be true, then our cure for albuminuria must be directed to the removal of the cause, either by the ingestion of albumen that can be properly assimilated and utilized, or by such modifications in the digestive and assimilative processes as will tend to accomplish the same result. Dr. Bartholow's suggestions are certainly worthy of trial, but I imagine that researches on diet will do more to reveal the rational therapeusis of albuminuria and Bright's disease than will anything else.

Medical Practice in Virginia.—I have been informed that a bill is now before the legislature of Virginia that is so outrageously disgraceful that it should meet the condemnation of all physicians. I am not yet familiar with the details, but I understand that it does away with all regulation of the practice of medicine, and does not even require a man to have a diploma. In my next letter I will ell you more about this.

The Forbes Case.—The case of Dr. William S. Forbes, Demonstrator of Anatomy in the Jefferson Medical College, has assumed an interest to the profession at large, inasmuch as it demonstrates how mean and insignificant some members of our profession can make themselves. It will be remembered that something more than a year ago, Dr, Forbes was arrested on a charge of conspiracy to rob Lebanon Cemetery (a colored burial ground), to supply material to his anatomical room. Of course he was acquitted, for Dr. Forbes is a gentleman, and a man of the highest professional standing. It was noticed that throughout his trial, the faculty of the Jefferson College were not only conspicuous by their absence from the court room, but that two of its most prominent members requested a newspaper reporter to tell the public that they had nothing to do with Dr. Forbes, that the whole affair was most outrageous, and that they hoped that he (Dr. F.) would be punished. Well, as I say, he was acquitted, whereupon the faculty addressed a letter to the board of trustees, containing a series of charges against the Demonstrator, and intimated that his incumbency of the chair was distasteful to them. Both parties were summoned before the board, where Dr. F. most satisfactorily answered these trumped-up charges, and, to use a vulgar phrase, most effectually sat down on the faculty. All this trouble seems to have grown out of the fact that instead of being appointed by the Professor of Anatomy, (which however the rest of the faculty would not consent to, claiming that they all should have a voice in the appointment), Dr. Forbes was elected Demonstrator by the Board of Trustees. That Dr. F. was right and the faculty wrong, is testified to by the fact that the trustees (among whom are our best citizens, and several of our judges) were on his side. Truly like the policeman in the comic opera, Dr. Forbes' "lot is not a happy one." This bad feeling and internal dissension in our educational institutions cannot be productive of any good.

Scabies.—Prof. William H. Draper, of New York, gives us a practical point of great importance in the diagnosis of scabies. Little vesicles, he says first appear, and upon close examination a canaliculus may be seen running from each of these. Each of these canaliculi is made by an insect burrowing just under the epidermis; and each is a quarter of an inch or more in length and terminates in a vesicle in which the insect has made its nest and laid its eggs. While not always present, yet they can generally be found. There is no difficulty, as a rule, in finding the acarus. Simply take a common sewing-needle and insert it into the canaliculus and carry it along until it reaches into the vesicle, then rupture the vesicle and bring the needle out, and upon its point you will usually find the animal. The treatment he recommends is that carried out at the Hospital St. Louis, in Paris There they have a large apartment into which ever morning the patient is sent naked. The first thing each one does is to thoroughly soap himself with soft-soap, and then each soaps his

neighbor over those parts which he himself cannot reach. This softens the epidermis. The patient then gets into a hot bath, and remains there from twenty minutes to half an hour. He then dries himself and thoroughly anoints the skin with an ointment composed of one part of carbonate of potash, three parts flowers of sulphur and eight parts of lard. After repeating this process from three to five times the most obstinate cases of scabies are cured.

Our Biological Institute.—Professor Harrison Allen has wisely suggested that as a monument to the memory of the International Scientific Congress, to be held in this city next fall, we shall establish a school of biology, with the capable and distinguished Dr. Leidy as Director. That this suggestion will become a reality I have no doubt, since the proposition has been endorsed by all of our influential papers and has received the approval, and will soon have the substantial recognition of our wealthy and intelligent citizens. This establishment will add one more claim to our already numerous arguments in favor of the old quaker strong-hold as the educational centre of the United States.

The Water We Drink.—You may thank God that you do not have to drink Schuylkill water, for I cannot even say of it, as did the old toper, "that it is good enough to wash in." Of all the filthy, rotten, stinking, abominable libels on water, that which we draw daily from our hydrants surpasseth all understanding or anticipation. In addition to the filth that we *see*, it contains a goodly quantity of that whereof neither the eye nor the nose doth give evidence; for on either bank of our river from which our water is derived, have grown into prominence during the past twenty or thirty years, numerous goodly sized monufacturing villages, all of which use our river, to a greater or less extent, as a *sink*. But worse than this, within two miles of our water-works a large and *thickly settled* cemetry, on a high bluff, at the water's edge, drains directly into and empties its rotten refuse and organic debris into our drinking-water. And while we mekely drink this liquid poison, our politicians have already spent $15,000,000 on a half complete city hall, when this sum of money would have given us an uncontaminated water-supply for all time. You, of the newer cities should learn from our experience and see to it that your water-supply is good and sufficient, before you grow to such unwieldy proportions that a radical change would be too much to expect. The ancient Romans knew what good water was and how to get it, and the ruins of their gigantic aqueducts, which the modern visitor to Rome beholds striding the lonely campagna, bear mute evidence of their appreciation of hygiene and remind us most forcibly that good and wholesome water can only be procured by bringing it from a distance from all human aggregation, from a far off point, where contamination from human refuse is likely to be an impossibility for all time. I venture to say that had Rome derived her water-supply from the Tiber, she would never have been mistress of the world; and in this connection I would suggest that maybe Schuylkill water has something to do with the epidemic of dudeism that is now afflicting our city. Do you have dudes in Detroit? Good bye. J. F. E.

Facial Erysipelas.

BY JOHN S. CAULKINS, M. D., THORNVILLE, MICH.

Facial erysipelas, in the past, like all other diseases, has been treated both externally and internally, in a great variety of ways. The above statement is true yet, as far as external treatment is concerned, every practitioner having his own pet appliance for that purpose; but as it respects the internal administration of drugs for the cure of the disease, practice in recent years has settled down to a routine to which there are but few exceptions. This routine is to give quinine in four or five gr. doses, once in four hours, and alternate with 10 to 20 drops of tinct. of iron chloride. Let an enquirer present himself at the meeting of any medical society to canvass the subject, and it is safe to say that more than three-quarters of the members will admit that the above is substantially their method of treating erysipelas.

Any plan that can show such a wide uniformity has an imposing look to the hasty generalizer, and would lead him to conclude that it was beyond the reach of criticism, but such a conclusion would in this case be a great fallacy. The use of the iron tincture is probably not liable to objection in any case, and must especially be useful in those of a phlegmonoid character, to prevent septicemia and pyemia from the absorption of the products of inflammation. With regard to the quinine it is not so evident that it is always useful, but on the contrary it is plain enough that it is sometimes hurtful.

It is unfortunately the nature of quinine, in some constitutions at least, to cause headache and determination of blood to the brain. The assertion is not hazarded that this is the case with all constitutions and in all doses, but that it is in ordinary doses of four or five grains, and in some instances its physiological effect, the writer positively knows from observations made on himself and others. There are some experiments made by Hammond and St. John Roosa, which show conclusively that a ten-grain dose of the drug will cause congestion of the brain.

Erysipelas of the face and scalp is inseparably attended with cerebral determination and generally with intense headache, and consequently we must think that quinine is not good for it—unless we are prepared to endorse the homœopathic dogma of *similia similibus*. This, however, is no objection to the honest enquirer, if facts show that quinine instead of increasing, actually allays pain in the head and determination of blood to the brain. It will be rough on us to be compelled to put a new spoke in the rickety

homœopathic wheel, but we must do so with what cheerfulness we can and make the best of it. *Fiat justitia, ruat cœlum*; which may be freely translated: let us speak the truth, if the sky tumbles about our ears.

Are there, really, any clinical facts that prove the efficiency of quinine in subduing cerebral pain and congestion? If there are such, let them come into court and make their depositions. The evidence is already filed that it has not in ordinary doses any such invariable power, sometimes increasing instead of allaying the existing mischief. An instance of this was described by the writer in the issue of the AGE for September 10th, last, in which five-grain doses of quinine caused such raving delirium that the patient could not be kept on his bed. Such cases may be exceptional, but as there is no test to pick them out by, it cannot be otherwise than true, that much headache, restlessness and delirium have been caused by the indiscriminate use of quinine in erysipelas. It may be, again, that the dose is too small. The claim has been made that quinine, like opium, is sedative only in large doses, of twenty to twenty-five grains. This may or may not be so, but until clinical facts in sufficient numbers, are educed to prove it, the writer must remain skeptical, and be allowed to doubt the existence of any power in quinine to give relief to a brain surcharged with blood.

The notion that quinine in the treatment of erysipelas is a *sine qua non*, is so firmly imbedded in the minds of many, that a proposition to dispense with its use in that disease, is in some cases received with a sort of an indignant amazement, as if it was proposed to profane some holy shrine; but in spite of all this it is proved to be a notion merely, by the fact that there is now and then a physician who gets along without quinine and saves as large a percentage of his patients, as those who use it so freely. Among these are two prominent leaders of medical thought, whose opinions are entitled to as much respect as anybody's, who have for some years abandoned the use of quinine for that of aconite and belladonna. They are Roberts Bartholow and H. S. Piffard. The first cannot be quoted here for lack of access to his work, but Piffard is quoted from his book "Therapeutics of the Skin," page 179. After referring to several authors, European and American (Trousseau among them) who had used and recommended aconite and belladonna in erysipelas, he says: "My own experience confirms that expressed by the authors mentioned. For several years past I have given up iron and quinine methods of treatment in favor of that by aconite and belladonna, rarely finding it necessary to employ other means. I do not believe that aconite possesses any specific value in this disease, its usefulness being in relation simply to the pyrexia, and its employment should be guided by the thermometer and not by the appearance of the skin. Belladonna, on the other hand, does exert a specific influence on the skin, and my own practice has been to use it externally, keeping the parts covered with a piece of fine linen moistened with a solution composed of one part of tincture of belladonna, one part of glycerine and eight parts of water." It is plain that Prof. Piffard is not speaking from the point of view of a believer in the germ theory when he talks about curing erysipelas by the specific influence of belladonna on the skin. It is hardly a specific influence on the skin that is wanted, but a specific influence on the parasites in the skin. However faulty his theory, his practice may be the best possible: belladonna may prove itself the very thing wanted to kill the microbes in their burrow. The probability is though that the professor has made the same mistake everybody has, in attributing the favorable termination of a specific disease to whatever happens to be put on the surface or swallowed. Let this be as it may, that which most interests us is that here is a man, and a professor of dermatology, too, in a famous university, that can treat erysipelas successfully without making his patients heads ache and ears ring by giving them quinine. Surely after this some of us may venture to dispense with the use of the drug without being accused of neglecting the sheet anchor of safety to the patient.

Nothing in the foregoing remarks is to be considered as hostile to the use of quinine to fill indications, the supporting treatment of which it is a part being as likely to be needed in erysipelas as in other diseases. The strictures apply simply to its routine use, with the baseless expectation of controlling or cutting short an attack of facial erysipelas.

What remains for us to do then with our cases of this disease? How shall we treat erysipelas? The only answer to these questions is: treat it as we do other specific diseases; relieve pain and discomfort the best we can; meet and remedy complications as they may appear; continue the use of tinct. of iron chloride as a prophylactic against secondary blood poisoning by the absorption of fluid matters caused by the intensity of the inflammation; and, in the meantime, study diligently the subject of external applications for the radical cure of the disease.

It is reasonable to believe that this is the field on which we shall meet with our first victory over the invisible bacterial enemies. If we cannot conquer them here, burrowing in the skin, we shall have small hope of ever accomplishing it in those diseases in which they run riot in the veins and arteries.

In the number of the AGE referred to, September 10th, last, and in the article quoted from, it was argued from the study of three cases of the disease, that facial erysipelas was an exanthem, having the common generic qualities of contagiousness and self-limitation, and caused, like the rest of its genus, by the invasion and proliferation of a bacterial fungus or ferment. Reference was also made on the alleged discoveries of Fehleisen (met with after the above referred to study was made) who, in common with two other German observers, claims to have discovered and propagated the fungus of erysipelas.

If the theory of erysipelas as advocated in the article quoted prove to be true, it is evident that

there is no internal medication for the cure of the disease yet known that deserves the name of scientific; all administration of drugs for that purpose can only be called experimental and tentative. The thing that is wanted, and will sometime be had, is a specific which will kill the micrococci before their proliferation has reached a dangerous extent; but at the present we know nothing of any such agent.

The tincture of chloride of iron is a good germicide, and its internal use would have much to recommend it as experimental in this direction, if the parasites that cause the disease lived in the blood, in which case it might be hoped that the medicine could be hustled into the circulation in sufficient quantity, either by direct injection (in a dilute form) into the vessels or by absorption from the surface of the abdominal canal, to produce some favorable effect; but, taking Fehleisen's assertion to be true, that the habitat of the micrococci is the skin and connective tissue subjacent, and not the capillaries at all, it would seem to be a round-about way to try to reach them through the blood. It would be more feasible in this case, to attack them directly from the surface; in superficial cases, by removing the epidermis and flooding the skin with the germicide, and in plegmonoid cases by throwing it into the cellular tissue with the hypodermic syringe.

Success with such treatment would, of course, be commensurate with the early date of beginning it; the smaller the inflamed patch, the easier it could be surrounded or headed off. A gaseous germicide would work the best. A ring of cellular tissue could be blown up around the inflamed patch, with some poisonous gas into which the microbe of erysipelas would intrude at the expense of its life. Before the time arrives that it will be warrantable for us to treat facial erysipelas with the hypodermic syringe, much work must be done in two directions: 1st. On the cultivated micrococcus itself, to learn what its most effectual bane is; and 2nd, on the living animal to learn what agents poisonous to the micrococcus can be borne with impunity by the connective tissue.

Among the inventions of the future will be a form of the hypodermic syringe especially adapted to the treatment of facial erysipelas. It will consist of a disk somewhat larger than the inflamed spot, and furnished with a few thousand minute needle tubes, through which some safe and efficient germ killer, perhaps in a gaseous form, will be forced by hydraulic pressure, in sufficient quantity to instantaneously kill the helpless microbes. By the use of local anæsthetics, of which there will be plenty to choose from by the time the instrument is invented and the germicide to use with it discovered, the operation will be rendered painless and scarcely unpleasant.

The following dialogue is reported to have taken place before a board of pharmacy: Examiner, "What is a gum?" Student, "A sort of saliva." Examiner, "Then you consider gum arabic to be a crystallized spit?" Student, "Well, not exactly; but something of that sort." The student, strange to say, did not pass.

An Uncommon Case of Fistula in Ano.

BY E. J. KAUFFMANN, M. D., DETROIT, MICH.*

Fistulæ in ano are common; that is to say, they are frequently met with presenting the characteristic features of a fistule, but such as the following are rare, and hence I take the liberty of reporting it:

Mrs. K——— came to me about four months ago for examination and advice, saying she thought she had a fistula. On making an examination the first thing that arrested my attention was a small tumor, about the size of a cherry, situated at about the centre of the left labium majorum. Into this I passed a probe which entered one-half inch into a blind canal. Further examination revealed nothing and the patient wishing to have that operated on, I directed her to go home and have her physician attend to her. She returned on February 4th to me for operation. The patient being under chloroform and ready for operation I proceeded to make another examination. The probe again entered this canal, but on using considerable force and changing the direction of the probe, it entered what then proved to be the fistule, which passed almost horizontally backwards, the probe coming into the rectum at exactly two inches from the sphincter externus. With the external opening at the middle of the labium majorum and the internal one as related, the fistulous tract was of extraordinary length and extended well through the perinæum. In the presence of this condition a question arose as to the wisdom of dividing so great an amount of tissue at once. Having decided not to do so the patient was operated on in the following manner:

A counter puncture was made, director inserted, and that much being cut through the knife was brought out with the director, and the parts allowed to remain for five days. At the end of that time the remaining portion was incised in a similar manner, the whole, especially the hardened walls, thoroughly cauterized and the parts left to heal, which they did so that the patient was able to return on February 20th well, being just 16 days from commencement of treatment.

The Pacquelin Thermo-Cautery was the instrument employed with which to cauterize, and I do not think it can be too highly extolled. I have no doubt had it not been used we would have had the same old hardened walls again closing, and not granulating and the same condition of things would have existed as before the operation. It so controlled the hæmorrhage that not over one teaspoonful of blood was lost. It is so simple of application, taking not over one minute to get any of the points to the desired heat, and, in fact, as I have often expressed myself, if it was the only cautery in existence money could not buy it from me.

32 Lafayette ave., Feb. 22.

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More Code Controversy Brewing.—There are indications that the Code controversy in the American Medical Association will prove not to have been entirely squelched by the expulsion of New York. Dr. Shoemaker, of Philadelphia, having been elected chairman of the Section of Practice of Medicine, has begun to provide for a successful meeting of the same. To that end he has issued special invitations to prominent members of the profession to be present in Washington in May, to participate in the debates. Among those thus specially invited is Dr. Henry I. Bowditch, of Boston, ex-president of the American Medical Association (1877). In his reply to this invitation Dr. Bowditch regrets his inability to be present, and mentions as one of the chief causes of this regret the fact that he will thus be obliged to forego participation in the discussion on the Code, which he believes "will inevitably come up with disastrous consequences." Speaking for Massachusetts, he says the terms of admission to its State Medical Society were established long before the American Medical Association was thought of. Its "code" he intimates, is superior to that of the National Association, and its delegates will not consent to bind it to give the latter preference. He sees in the action of the Judicial Council, at Cleveland last year, requiring the signatures of delegates to a renewal of their fealty to the Old Code, an apparent trick, which, he intimates, will scarcely bear a repetition. He maintains that the fact that a physician does not wish to sign the whole Code, many parts of which he declares to be the height of absurdity, "is no proof that he is an unworthy person to act as a delegate from a State society of honorable physicians." He should object to signing the code, because of these absurdities. In the approaching meeting he hopes there will be no bigots on either side, and that the time will be devoted to scientific discussions rather than to violent disputes upon medical ethics.

Dr. Shoemaker publishes Dr. Bowditch's reply in full in his journal, the Medical Bulletin, and proceeds, in his editoral capacity, to criticize it. He declares that the position of Massachusetts on this question "smacks very much of the exploded States-rights doctrine, against which the Doctor's own good commonwealth fought so bravely." Our contemporary offsets this "smack" by its enthusiasm for the Old Flag (Code). "It is scarcely necessary," it says, "for us to remark that the Bulletin differs from him (Dr. B.) *in toto;* it being a staunch advocate of the Code in its entirety, and by it we sink or swim." This declaration will suffice to satisfy the profession that treason will not stalk in the halls at Washington in 1884, with any less impunity than it did on the same ground a little less than a quarter of a century ago. Unfortunately, however, for the parallel (if for nothing else) the central government in this instance has no power to coerce a state, and the erring sister that so elects must be suffered to depart in peace (?) *a la* New York.

It would seem from the above, as we have already remarked, that the Code controversy has not yet been wholly adjusted. This fact cannot but be regretted by all who have any desire to see the American Medical Association take such a position among the scientific bodies of the world, as befits it as a representative of the American Medical profession. Disputes on the Code must of a necessity engender feelings which are the reverse of conducive to both the scientific and the social features of the Association. The profession has, however, apparently begun to be aroused to the fact that the Code of our fathers is not exactly such an one as is best adapted to each succeeding age. At all events a very large

number of physicians, embracing many of prominence, believe that this Code could not only be improved, but made more in harmony with the spirit of the age. They ask the privilege of making the attempt. Will the Association continue to maintain that the Code admits of no improvement, and thus continue to oblige its members to subscribe to what they can endorse only with a very large mental reservation? It is too late in the history of our civilization to make men, by arbitrary legislation, conform to a prescribed standard of rectitude. No law which has not its foundation on the best judgment of the majority of the best peple, can ever be operative. It must always be a dead letter on the statute book. We are not prepared to declare that the Old Code does not voice the ethical sentiments of the majority of the best physicians in the profession. We do not think, however, that any mind free from prejudice will refuse to admit that the disaffection in New York, Massachusetts and elsewhere, is sufficient to warrant the Association in inquiring into the cause thereof. If a Code is a necessity, it is, doubtless, best that it should issue from the national association. It may be questioned, however, whether the present code does properly thus issue. The complexion of this Association was much different when the Code was formulated than it is now, and it is not improbable that were it to formulate a new expression on ethics to-day many of the existing provisions would suffer violence. Would it not be the part of wisdom for the Association to remove the Code from the custodianship of the Judicial Council for a year, so that it might come before that element which more properly represents the profession? Let each State delegation select a representative member to serve on a committee which should be required to report a draft of a Code of Ethics at the meeting of the following year. Let copies of this draft be sent to the members of the Association a sufficient time in advance of the meeting at which it is to be discussed. After a free discussion let the vote be taken. The result would be such a Code as the Association could, with some propriety, claim to be an expression of the profession—a something it has never yet been able to do. This would effectually dispose of this question for years, removing as it would the complaint that the Association, under the existing regulations, is forced, *nolens volens*, to accept that which it has had no voice in creating, nor power to amend.

EUTHANASIA.—There is no physician, standing at the death-bed of the sufferer, a witness of the throes of dissolution, after having in vain applied the resources of his art, who has not been brought face to face with the question of the propriety, we will not say of hastening the close of the harrowing scene, but of soothing by means of narcotics the rugged course which is so soon inevitable to end the common doom. The question is, however, one from which all instinctively shrink. The issue is one which it is the physician's mission to postpone, and life is such a sacred thing that he shrinks from the employment of any means which might shorten the tenure for even but an instant. The narcotic sufficiently powerful to allay the symptoms of nature's struggle, he feels cannot be administered in that trying ordeal except at the expense of the vital principle already at such a low ebb. Perhaps, too, the intellect may be clear and the physician may feel that to becloud it in that fearful article, would be to assume a responsibillity too great for his conscience to bear. These, with many other thoughts, crowd into his mind when he permits it to dwell on the question, and few are intrepid enough, or rash enough to move. We hesitate not to believe that the vast majority of our readers will agree with us in these reflections. They will, therefore, be aroused, if not shocked, by the following bold utterances on this momentous question by the Eclectic Medical Journal, of Cincinnatti:

"Physicians become so habituated to pain and death that they become callous to it, and do not feel for the sufferer. So long as there is the faintest chance for life they may remain with the patient and fight the battle with death. But when they give up all hope and say, "He must die, I can do nothing more," they turn from the house, leaving the sufferer to bear the rending of soul from body as best he can.

For the death that comes as sleep we all pray; from that which comes with pain and suffering and terror, we pray to be delivered. The prayer-book says, 'From speedy death, good Lord deliver us.' It makes a great mistake, and we say, 'When death comes let it be so sudden as to give no warning.'

As the physician thinks the matter over, realizes that he himself is to wrestle with this terror, that his dearest relations and friends may suffer these pangs, he will realize that he may have a duty to perform.

Is there any advantage in the prolonged agonies of death? No. There can be none. Would it be better for the sufferer to sleep his life away? We answer unhesitatingly, yes. Why, then, should not the physician see to it that this blessed euthanasia, this sleep unto death, be given to every sufferer?

We want to be assured there is no hope, we want to know the person is dying. With this knowledge we use a hypodermic injection of one-fourth or one-third of a grain of morphine over the sternum, and in ten minutes comes rest, freedom from suffering, and sleep. It rarely shortens the patient's life, and it makes death easy.

I had two patients within a year, who, when they could not live, found it almost impossible to die. They were both good men, and had looked death in the face more than once without alarm. In the one after a ten hours' struggle I asked, 'Would you like to sleep?' The answer yes, and the expression of joy replacing the anguish, were enough to warrant this consideration of the subject. One injection of morphia and there was rest in ten minutes,

and a sleep that faded into death in four hours. In another, after a night with death, I said to the mother, 'Shall he sleep?' There could be but one answer. 'If it is possible to prevent his suffering let it be done at once'.

I do not believe that it is right for one to take his own life because life is only prolonged misery and suffering; and I do not think it right, in such a case, for the physician to do that which would shorten the man's days. But when death is at the door and will not be said nay, then to open the door is an act charity."

We cannot believe that these sentiments, plausable though the language be in which they are clothed, will find any echo in the minds of the profession at large.

THE LOUISVILLE MEDICAL COLLEGE.—The institution which is now receiving the most attention from the medical press is, probably, the Louisville Medical College. It has been accused of practices which are deemed unethical. As nearly as we can make out, the head and front of its offending has been an attempt to engraft the purely commercial method upon the ordinary semi-professional plan of running a medical school. It has, in terms suspiciously commercial, made a bid for students, extolling the facilities it possesses for imparting a medical education and offering larger discounts to the trade than has heretofore been considered proper. Of course it is quite competent for medical colleges to proclaim the points of their superiority, (they, at least, all do it) but there are phrases which have received the sanction of years, in which the proclamation should be made. They all bid for students, but the contest must be conducted according to the rules of the r——, we mean it must be conducted in proper form. But while a certain amount of self-laudation and a certain degree of enterprise in securing students, are permissible, this practice of giving large discounts off the published fees is infamous, and cannot be too severely denounced. It is an encouraging sign to see the general condemnation which the Louisville Medical College is having meted out to it. It betokens an *esprit de corps* which will brook no such *public* practices looking to the gathering of grist for the mills. A friend at our elbow remarks: "But what are the colleges to do? They are with us and those who do not secure students must suspend. Would you have such a calamity befall the nation? No sir, the commercial method of conducting medical schools is inevitable under existing circumstances, and the Louisville Medical College is only doing with some degree of publicity, what the majority are doing privately, and what they will be driven to do publicly in a few years." Our friend is a very good fellow, but he is young and very impulsive, and we frequently find it necessary to remonstrate with him on his habit of blurting out just what he thinks. We hope he may grow more discreet as he grows older. He is smart and ambitious, and will some day, doubtless, be a professor himself. He has, in fact, already had an offer of a chair in one of the "advanced standard schools" and as soon as he can raise the paltry little $1,000 or so, to "chip in," he will leave us for the great West. He will then probably join in the hue and cry against the commercial medical schools, but while growing red in the face with his indignation, his old friends, we venture to predict, will be able to detect a suspicious twinkle in the old rascal's eye. It would be just like him.

CAN THE SEX OF THE CHILD BE PRE-DETERMINED ?—This question, always one of great interest, seems to be receiving all the more attention in these later days, when it would seem to be advisable that a change be made in the proportion existing between the sexes. In only a few of the newer sections of this country do males preponderate, while in the older-settled communities there are thousands of women who are compelled to forego matrimony through sheer lack of a sufficient number of males to go round. The last census shows such a large preponderance of females in the population of the whole country as to attract the attention, if not to excite the alarm of the political economist. The cause of this superabundance of females we do not remember to have seen hinted at—whether it lies in an excesssive number of births or is traceable to a "survival of the fittest," Whatever the cause may be, it would seem to be very desirable that some means of equalization be devised, provided it could be done consistently with a proper standard of morality.

Of late years breeders of cattle have sought to determine some physiological law through which they might be able to produce at will such proportion of males and females in their herds as they might desire. In the case of the human being, however, the conventionalities and the proprieties of life, to say nothing of the bearings which the question has on morality, have prevented all experiments in this direction. The question has an interest for the physician, however, only in its physiological bearings. It is not for him, as such, to decide the moral question involved in the application of such physiological truths as may be discovered by experiments with the inferior animals, to the case of man.

The Medical and Surgical Reporter reproduces from Centralblatt f. d. Med. Wissensch. the report of observations made by Dr. K. Düssing, undertaken with a view to furnishing an answer to this important question:

Fiquet made first the observation on cattle, that those animals that sexually were very much occupied, produced more individuals of their own sex. and D. explains this by saying that the male whose genital apparatus is frequently used, is provided with fresher sperma, so that fecundation ensues with comparatively young and active spermatozoa. In such a case more male offspring are produced ; while a male whose sexual organs rarely perform their

function, will give rise to more female offspring, because his spermatozoa are older, weaker. In the female the same holds good, the ova being earlier (fresher) fecundated, and a predisposition to the female sex takes place. As a natural consequence, it follows that the more there is a want of individuals of one sex, the more their sexual functions are required—the quicker, the younger their sexual product is made use of—the more members of that sex will be born. It is simply the law of nature to propagate the species.

The same effect as sexual over-exertion is also produced by deficient nutrition, if the same demands are made upon the genital apparatus. Weak bulls paired with vigorous cows produced invariably male calves, while weak cows paired with vigorous bulls gave mainly birth to female calves (Tellari and Fiquet)

Next of importance is the age. At the time of the greatest sexual power, the individual of each sex never transfers his (or her) sex to that of his (or her) offspring, or does at least much less so; in most human families there are then found the most boys if the husband is much older than the wife. (Hofacker, Sadler.) It shows the intention of nature to produce more individuals of that sex which threatens to die out; the weaker, the older, the propagator, the more care nature takes to have his sex propagated.

Thus far the influences concern one sex. In case the disturbances of nutrition affect both parties the rule holds good, that where there is a superfluity of nutrition the reproduction is stronger, where a want it is weaker. The genital is first influenced by nutrition (Darwin.) But it is especially the female who is more dependent upon nutrition, probably because she has to care for the bringing-up of the offspring. The logical conclusion is, that in case of superfluity of nutrition more females are born, in case of want, more males. Thus Ploss found that in the same ratio as the price of provisions advanced, the number of male children increased. Or may not the cause be the following ? It is the male that has to work hard; it is the male that suffers soonest by bad nutrition; the male, therefore, becomes soonest the weaker; therefore the result.

Laudvis procured from thousands of very young caterpillars of vanessa, urticæ, males or females, whatever he preferred, by nourishing them badly or well. In some of the lower animals, the females find their nourishment mainly in summer, the males in winter. In these more females are born in summer, the males in winter.

Düssing draws from these observations the conclusions: the sexual relation regulates itself by the property of animals and plants to produce that sex in greater numbers whose relatively greater augmentation is profitable for the propagation of the species. Even an anomalous sexual relation may benefit under special circumstances the propagation. The sexual difference may rest in the unimpregnated ovum (for instance, tendency of young ova to female sex), or the sex is determined at fecundation (young spermatozoa, males), or the nutrition (strength, age, food) decides.

Although these theories find an undeniable proof in observations and experiments made on animals (and some on human beings also), we have to be very cautious in admitting their truth. Other factors, at present unknown, probably determine, besides those mentioned, the sex of the fœtus; it is even doubtful whether the latter is already definitely decided at fecundation, and whether later influences may not have their share in ordaining the sex.

The Germ Theory of Disease.—Dr. Henry F. Formad, gives in the Medical Bulletin, for March, an interesting review of the history of this theory. He gives also the present status of this theory as it applies to individual affections. Although from time immemorial it was believed that the body was infested with living organisms, which, when increased beyond certain limits caused disease, the belief was first formulated into a scientific theory through the discovery by Schwann of the part played by living germs in the causation of fermentation and putrefaction. The discovery of the fungus causing disease in the silk-worm, by Bassis, and that giving rise to favus, by Schönlein, added to the strength of this theory. The experiments of Pasteur and F. Cohn placed the causative relation between fungi and putrefaction and fermentation, beyond the sphere of doubt. The first substantial support of the germ theory of disease, was, however, afforded by the discovery by Pollender, in 1849, of certain rodlets in the blood of animals suffering from splenic fever, variously known as anthrax, charbon, milz-brand and malignant pustule. These bacilli were subsequently isolated and developed in proper fluid, and were found to be capable of causing the disease in other animals. In 1873 Obermeyer discovered the spirillum of relapsing fever and Carter and others successfully inoculated monkeys with this disease. The greatest discovery in this connection, or at least that which has the greatest interest from its bearing on the human being, was that announced by Koch in March, 1882, viz., the bacillus tuberculosis:

He claimed that the tubercle bacilli are always present in tubercles, and often in the sputum of tuberculous subjects; that they can be isolated and cultivated, and that animals inoculated with them will be rendered tuberculosis. Bacilli are also found in scrofulous lesions, lupus, in fæces of subjects suffering from tubercular enteritis, in secretion from laryngeal and pharngeal ulcers, pearl disease, etc. There is a strong evidence in favor of regarding Koch's bacillus as the cause of tuberculosis, and it is even accepted by some authorities as a settled fact; but so far Koch's observations stand alone, and cannot be accepted until confirmed by reliable, unbiased investigations of others. Therefore the question must still be considered *sub judice*.

Still the presence of the bacillus in tuberculosis lesions is very generally confirmed, and its presence in the sputum of patients is regarded as strong evidence of tubercular disease.

The organisms most frequently found in connection with infectious diseases are the sphero-bacteria or micrococci. In erysipelas, Fehleisen discovered the *micrococcus erysipelatis* in the tissue at the periphery of lesions, and the same isolated, cultivated in gelatine soil and introduced into the ear of a rabbit, produced typical erysipelas after twelve to eighteen hours.

In leprous nodules the bacillus was demonstrated by Neisser, but no successful inoculations have been made.

Klebs and Crudelli claim to have succeeded in isolating the cause of malarial disease, the same being a bacterium, and called by them *Bacillus malariæ*. This bacterium was found in the blood of persons suffering from malaria by Cusoni and Marchiapava. Klebs and Crudelli claim to have produced malaria in animals, but it was regarded by other observers as a form of septicæmia. The experiments of Klebs and Crudelli have been repeated by Dr. Sternberg, U. S. A., with negative results.

In gonorrhœa a micrococcus was discovered by Neisser, and isolated, cultivated, and successfully inoculated in the urethra of man by Buckhardt. This was also disproven by Sternberg.

Micrococci are also found in pyæmia, septicæmia, puerperal peritonitis, scarlet fever, diphtheria, measles, small-pox, vaccinia, ulcerative endocarditis, purulent inflammations, etc. In typhoid fever peculiar bacilli were seen by Eberth, Friedlander, and Coats, and they were found in the lymphatic glands around the intestinal ulcers, also in the spleen.

In croupous pneumonia an organism has lately been described by Friedlander.

In syphilitic lesions, micrococci were found by Birch-Hirschfeld, Klebs, and others, but no reliable, positive inoculative experiments are recorded.

In the sputum of patients suffering with whooping-cough bacteria were detected by Burger.

Mention should be made of a new infectious disease of animals and mankind, called actinomycosis. The disease has long been known among stock-raisers as "swelled head," and was regarded pathologically as an osteo-sarcoma, affecting usually the jaws of herbiverous animals. A fungus, allied to the ordinary pencillium, but of a radiating structure, has been found in bone lesions in man, first by Langenbeck in 1843, and lately was discovered in the cattle disease mentioned above, by Bollinger, who called it actinomycosis. This fungus was subsequently rediscovered in man by Ponfick. But its etiological relation is not yet established.

A specific bacterium is also put forward for goitre by Klebs. Thus it is seen that the extreme germ theorists put forward a specific bacterium for each infectious disease, and even some non-infectious diseases are attributed to bacteria. Thus far, however, the causal relation of bacteria is established positively for only two diseases, malignant pustule (anthrax) and relapsing fever.

THE SIGNIFICANCE OF SUGAR IN THE URINE. —That versatile writer, J. Milner Fothergill, of London, discusses in his usual racy style the question of the significance of sugar in the urine, in a recent letter to the Philadelphia Times. We reproduce his remarks verbatim:

"The good, hard and fast rules of the examination-table are being found less and less infallible as the practitioner travels on his medical path in actual practice. When sugar was found in the urine of a patient wasting away, the hypothesis was erected that the presence of sugar in the urine was significant that the person would soon belong to the past. And it cannot be denied that the teaching of the schools is to the effect that glycosuria means diabetes, and diabetes is a malady which in no long time ends in death. Aretæus gives a clear description of the malady, and thought that the disease was "a colliquation of the flesh and limbs into urine." It was not till the time of Willis that the presence of sugar in the urine was fully recognized. Later authorities have decided that diabetes is "a disease in which a saccharine state of the urine is the characteristic symptom." Diabetes, then, is not a wasting disease in which the body is gradually starved to death by the sugar escaping by the kidneys; but the presence of sugar in the urine tells of the oncome of a wasting disease. If the last is seriously meant, then very often glycosuria lies like Ananias and Sapphira.

The other day, meeting an eminent physician and falling into chat with him while inspecting Barnum's "Toung Taloung," the so-called "white" elephant, the conversation ran on the pitfalls of practice arising for some of our cherished theories. During this turn of talk the question was put, "How do you determine in a case of glycosuria whether the patient has diabetes or not?" He looked at me with a steady, inquiring gaze, and slowly replied, "I look at him." Now, it struck me this was just about the best and most sensible remark upon the subject that could well be made. Diabetes is a disease which prints it mark on the organism in such a way that, when its symptoms are detailed and the urine is examined and found to contain sugar, the conclusion is not far to seek. At the chest-hospitals it is almost a rule to strip all the patients and examine the chest as a first preliminary, without premising one or two leading questions to the patient,—in other words, assuming that because a patient comes to a chest-hospital, therefore there is present some mischief in the chest. So, when there are "Renal Hospitals," a day not so distant as to be over the horizon, it will probably become a rule to make an examination of the urine as the first step. And when this is done, how many patients will be found to have saccharine urine? A good many more than are actually diabetic. When some apex-consolidation is found, how do we decide upon whether it is old or new? We look at the patient and ask a few questions,—at least that is my way of approaching the difficulty,—after the stethoscope has

had its word, (which is often an inarticulate sound); and, depend upon it, in maladies affecting the whole system, as phthisis and diabetes undoubtedly do, it is a good and sound plan "to look at the patient." The trained eye is our main guide as to the general condition of the patient and his health or ill health. When a corpulent, florid-complexioned man, well fed and vigorous, passes sugar in his urine, only a tyro could conjecture that he was the victim of the classical diabetes, a formidable wasting disease. Between the matter of examining the sputum for bacilli in a case of lung-consolidation, to determine the precise histological condition of the neoplasm, and looking hard at a man who has perceptible quantities of sugar in his urine, lies a mighty tract of knowledge. But still it is only what a medical man must command if he has either to win the confidence of his patient or hold his own in the present battle for existence. When a patient looks haggard or worn, complains of muscular lassitude, feels his work growing too much for him, and is troubled with thirst (and sugar-thirst is infinitely less quenchable than salt-thirst), then the presence of sugar in the urine becomes of the highest significance ; and, though this perhaps will be regarded as rank heresy, relaxation from labor, a diminution of the tax upon the nervous system, is more important than the shallow line of avoiding everything that can be converted in the body into grape-sugar. It may be well to give the liver physiological rest as to its glycogenic function, until it has come round; but that is not the whole of the pathology of diabetes; while the proposal of a French professor to treat diabetes by feeding the patient on the flesh of carnivorous animals was about the height of shallowness and folly."

THE CODE.—Dr. Edward Watson, of Sioux Falls, Dakota, evidently needs looking after. He sends us the following heretical communication, which he has importuned us to publish:

"What is the Code? I have practiced my profession many years, and now, with all the care and anxiety attending my professional life, the Code is foremost in the discord rattling upon my brain, as it revolves an endless belt to receive impressions. I cannot read a medical journal without first meeting the Code, and I hear it talked of in my daily rounds of practice. The public generally make fun of it; some imagine it a very serious matter—a mysterious influence governing every physician; others think it like the links which bind together all secret societies. A careful consideration during these years of my pilgrimage, of the "Code" of which I have heard so much, has convinced me that it is the greatest fraud with which we have to contend in the practice of our profession. Not one physician in a hundred has even read it. To see the true beauties of this instrument in the organization of medical societies governed by it, one must live on the frontier prairies and see the class of men who organize these societies. Abortionists, drunkards, blackguards and disreputable characters of every kind—these are the loudest in their talk about the glories of the Code. It matters not that none of them has ever read it nor has the faintest idea of what it means. It is sufficient for them that it is "the correct thing" to laud and swear by it. I have no objection to medical associations for the purpose of advancing the best interests of the profession; I, indeed, hold them to be very beneficial. But the best "code" is one's own manhood; if that is wanting no code can ever make up for it. I am convinced that the Code, as it is generally understood and utilized, is a disgrace to our profession. It has done the profession and the public more harm than has resulted from all "irregular" practice. As far as I am concerned, my conscience is my guide, and I shall be glad to see the disgusting cadaver called the Code buried beyond hope of final resurrection."

HOW EVOLUTIONISTS REGARD EVOLUTION–W. D. LE SEUER, in Popular Science Monthly, for April: —The doctrine of evolution is simply the form in which the dominant scientific thought of the day is cast. As a working hypothesis it presents very great advantages; and the thinkers of to-day would find it hard to dispense with the aid it affords. But supposing it could be shown that the doctrine, as at present conceived, was untenable—what then? Would men of science at once abandon their belief in the invariability of natural law and fly back to mediæval superstitions? By no means. If there is any class of men who have learned the lesson that the spider taught to Bruce, it is the class of scientific workers. Destroy one of their constructions and they set to work again, with unconquerable industry, to build another. In fact, they are always testing and trying their own constructions; and we may be sure that if the evolution theory is ever to be swept away it will be by scientific not theological hands. It holds its ground now, because it is a help to thought and investigation ; if it should ever become so beset with difficulties as to be no longer serviceable, it will be withdrawn from use, as many a theory has been before it, and as many a one will be in the days to come. Among contemporary men of science there is probably none who believes more strongly in the doctrine in question than the editor of "The Popular Science Monthly;" yet in a recent number of his magazine he has marked his attitude toward it in a manner which for our present purpose is very instructive. "It is undeniable," he writes, "that the difficulties in the way of the doctrine of evolution are many and formidable, and it will no doubt take a long time to clear them up ; while the solution of still unresolved problems will very possibly result in important modifications of the theory as now entertained. But the establishment of the doctrine of evolution, as a comprehensive law of nature, is no longer dependent upon its freedom from embarrassments, or that absoluteness of proof which will only become possible with the future extension of knowledge. Notwithstanding these draw-

backs, the evidence for it is so varied, so consistent, and so irresistible, as to compel its broad acceptance by men of science, who, while disagreeing upon many of its questions, find it indispensable as a guide to the most multifarious investigations."

Spaying for Uterine Fibroids.—At a meeting of the German Science Association, (Edinburgh Med. Jour.,) Wiedow, of Freiburg, suggested that the operation was now thought too little of, because at first it was taken up with too great enthusiasm, and tried in unsuitable cases. He collected 63 reported cases, of which 12 had been fatal. In one of Hegar's cases there was a temporary improvement after operation, lasting about six months, followed by increased growth and a return of the hemorrhage. The patient died a few months subsequently, when the tumor was found to be fibro-cystic and to contain purulent serum. In this case, as in a similar one reported by Schrœder, the tumor was of enormous size. For such cases the writer would give an unfavorable prognosis. Hegar had operated 21 times with 3 deaths. Of the 18 non-fatal cases 1 terminated as above, while in 17 the result of operation was very satisfactory. Sooner or later the menopause, with shrinking of the tumor, occurred. The writer then showed drawings of Hegar's cases before and after operation, and submitted 4 of the cases for examination. Freund, of Strassburg, reported 6 cases in which he had operated. All had lived, and in five there had been shrinking of the tumors and cessation of the bleeding. In one there had been no improvement. In this case the tumor was very large. Hofmeier, of Berlin, asked what were the indications for castration as opposed to removal of the tumor. Hegar said that the size was not the only point that would guide one in answering this question. As regards the danger of the two operations, he said that on an average that for removing the ovaries was the lesser, though this was not invariably the case. He always had instruments at hand to remove the tumor if advisable, when he undertook castration for fibroids. If he found a well-developed pedicle, he removed the tumor. He regarded castration as a very efficient operation, and thought it should be recommended before the tumor had acquired great size. Kaltenbach, of Giessen, drew attention to the fact that occasionally the ovaries were situated on the apparent posterior aspect of the tumor, and that thus great difficulty might be occasioned. He reported two successful and satisfactory cases of his own, but drew attention to the fact that removal of the ovaries did not always result in the menopause. Badlehner referred to two cases where decided diminution of the tumors occurred after the natural menopause. Müller, of Berne, had operated in 6 cases, with 1 death and 1 uncompleted operation. In the remaining 4 the result was satisfactory. He regarded spaying merely as a resource, and looked on extirpation of the tumor as the ideal operation. Hegar remarked that he had seen fibroids suddenly begin to grow and become cystic after the natural menopause, even in cases where there had occurred some shrinking, just as had been mentioned in the discussion as having followed the anticipated menopause. In all those cases the tumors had been very large, and he would, therefore, regard the prognosis of castration for very large tumors, as doubtful.

Iodine in Amenorrhœa and Dysmenorrhœa.—It is rare, says Cheron (*Revue De Therap*), that amenorrhœa and dysmenorrhœa are not complicated by lumbo-abdominal neuralgia, which adds to the painful state of the utero-ovarian apparatus in these affections.

Tincture of iodine freely applied every two or three days over the region of the kidneys, acts very much in the same manner as the application of heat, that is to say that it stimulates the centres of vaso-motor innervation of the lumbar portion of the cord, and of the sympathetic, and at the same time tends to relieve the congestion of the genital apparatus. By this congestion the normal uterine flow is interfered with, being retarded or suppressed.

The tincture of iodine alone will suffice when the lumbo-abdominal neuralgia is not internal. If the neuralgia is internal Cheron employs the morphinated tincture of iodine: Tincture of iodine, 30 parts, sulphate of morphia, 1 part. Used internally, iodine is, of all the emmenagogues, one of the surest in its action, more particularly in cases of corpulent persons with very white skin, in whom the lymphatic type is predominant. Iodine may also be employed with good effect in the following formula, whatever may be the cause of the menstrual trouble: Tincture of iodine, 1½ parts, tincture of aconite, 2 parts, syrup of tolu 400 parts. S. Dose, one, two or three spoonfuls before each meal, or one spoonful for three days, two for three days, and three for as long a time as may be desired.

"Our experience," says Dr. Skene, of the American Medical Digest, which quotes the above from the Medical News, "confirms the views of Cheron in regard to the use of iodine in amenorrhœa of corpulent, lymphatic women. Presumably it acts by stimulating the mucous membrane to higher functional activity. Women of this temperament are most liable to amenorrhœa, hence the value of the remedy."

Death of Dr. Lunsford P. Yandell.—The Louisville Medical News of the 15th inst., contains the following brief notice, for which we were, however, prepared by the Associated Press despatches:

"'We are such stuff
As dreams are made of, and our little life
Is rounded with a sleep.'

"The senior editor of this journal died suddenly at his home, on the evening of the 12th instant.

"Being ready for the press, the forms could be held only for this brief notice. The next issue will contain some fitting tribute to his memory, and a sketch of his useful, eventful and beautiful life.

"The following note, which was sent to the

printer with the last revised proofs of the News, may point a moral here:

"'Please do not send the forms to press till I see you. Dr. Yandell wishes to fill the blank space on the editorial page with matter of a special kind.'

"The space is filled——but a notice of his death usurps the place which the editor had set apart for some special communication to his readers."

How truly are we in death in the midst of life! The reaper ceases not his work nor discriminates in the sweep of his sickle. We never enjoyed a personal acquaintance with Dr. Yandell, and knew him only as he crossed pens with us in friendly bout. From what we thus learned of him we held him to be a foeman worthy of our steel, and in all respects a gentleman by instinct, and of such breadth of culture as made it a treat to have a controversy with him. He has been cut off in the prime of a well-ordered life. His death has left vacant a large space in the editorial ranks. The virile pen which he has laid aside was also a facile one. For a long time the co-editor with the gifted Cowling, of such pleasant memory, the mantle of the latter fell on him and he wore it well, with honor.

Nature's Anæsthetic.—Dr. Felix L. Oswald in Popular Science Monthly, for April: Count Ranzan, the "Streit-Hans"—"Rowdy Jack," as his comrades used to call him—once received three dagger-stabs before he knew he was wounded at all. Soldiers, storming a battery, have often suddenly broken down from the effects of wounds which they had either not felt, or suspected only from a growing feeling of exhaustion. Olaf Rygh, the Norwegian Herodotus, tells us that, when the old Baresarks felt the approach of their end, they robbed death of its sting by drifting out to sea in a scuttled or burning boat, and thus expired, "screaming the wild battle-songs of their tribe." The Roman gladiators shouted and laughed aloud while their wounds were being dressed. A scalded child sobs and gasps for a therapeutical purpose: instinct teaches it the readiest way to benumb the feeling of pain. The physiological *rationale* of all this is that *rapid breathing is an anæsthetic.* In a paper read before the Philadelphia Medical Society, May 12, 1880, Dr. W. A. Bonwill describes that effect to the influence of the surplus of oxygen which is thus forced upon the lungs, just as by the inhalation of nitrous-oxide gas (which is composed of the same elements as common air, but with a larger proportion of oxygen), and mentions a large variety of cases in his own practice where rapid breathing produced all the essential effects of a chemical pain-obtunder, without appreciably diminishing the *consciousness* of the patient. Persons who object to the use of chloroform (perhaps from an instinctive dread that in their case the ether-slumber might prove a sleep that knows no waking), can benumb their nerves during the progress of a surgical operation by *gasping as deeply and as rapidly as possible.* "One of the most marked proofs of its efficacy," says Dr. Bonwill, "was the case of a boy of eleven years of age from whom I had to extract the upper and lower first permanent molars on both sides. He breathed rapidly for nearly a minute, when I removed, in about twenty seconds, all four of the teeth. He declared that there was no pain, and we needed no such assertion, for there was not the slightest indications that he was undergoing a severe operation."

The Vaginal Pulse in Pregnancy.—Ind. Med. Journal :—From time immemorial the profession has been searching for some infallible sign or symptom by which pregnancy can be diagnosed in the early months, but so far, the results have been negative. It is true, that given a certain case in which it is evident that the patient has had an opportunity to become pregnant, and there is interrupted menstruation, nausea, etc., the probabilities are that pregnancy exists, and in nine times out of ten the physician would be right if he should so declare, but all these signs may exist without pregnancy; hence, a physician can not say positively that pregnancy exists till the fœtal heart sounds can be heard, which usually is not earlier than the fourth or fifth month. Prof. Osterich, of Dresden, says that the earliest never-failing sign of pregnancy is the vaginal pulse. This pulse is found to the right and left of the cervix, also in its middle. It can not be felt in healthy, non-pregnant women, except when the parts are turgid with blood by venereal excitement, but then all other signs of pregnancy are absent. It is doubtful if future observations will confirm the statements of Osterich. The vaginal pulse, even if absent in healthy non-pregnant women, can only be caused in pregnant women by an increased flow of blood to the parts, and a consequent enlargement of the arteries, but as various other things may cause a congestion and enlargement of the genital tissues, we can not see why the same pulsation can not be felt in pregnancy. However, this can only be settled by a long series of observations, and should Osterich's observation be confirmed, it would often serve to relieve the physician of a great perplexity, and sometimes his patients also.

The Typical Food.—In these days when so much attention is paid to dietetics, in both disease and health, it is singular, that attention should be so much diverted from that most economical and nourishing of all foods, oat-meal porridge and milk. In spite of all that medical precept can teach, and medical symbol endorse, this diet occupies but an insignificant place in the modern quisine. Children who have been brought up to make it their daily breakfast take to it naturally and easily, and thrive under its use. No hard-working adult, who has proved its power of support through a long morning of cold, exposure and hard exercise, will allow that another kind of food is so sustaining and so easily assimilated; yet how rarely does it form a food of our national breakfast table. Doubtless the cause of its limited use is traceable to the fact that few know how it should be prepared so as to

make it both attractive and digestible. Such knowledge disseminated, if it resulted in making this food a national diet, would be of inestimable value.

For Enuresis.—Dr. J. W. Johnson, of Cheney Washington Territory, writes: Please give the following to your inquirer for a remedy for nocturnal incontinence of urine:

Fl. ext. rhus aromatica gtt. x.; fl. ext. belladonna gtt. i, at one dose. Repeat four times a day, for a child six to eight years old. Increase or decrease according to age. I have used the above in dozens of cases and have never had it fail.

Jaborandi in Congestive Chills.—Dr. Thomas Keefe, of Deming, New Mexico, writes us that he has employed jaborandi with entire success in quite a number of cases of congestive chills. His *modus operandi* is to inject subcutaneously about 20 ♏ of the fluid extract jaborandi, which is to be repeated in 20 minutes later, if necessary (which is seldom the case). In about 15 to 20 minutes profuse prespiration sets in, the chill is broken and the patient rapidly recovers.

Warning to Medical Colleges. It will stand the secretaries of "advanced standard" medical colleges in good stead to beware hereafter of such correspondence of prospective students as sets at defiance orthography, syntax and the other parts of grammar. The position which the Louisville Medical College and, on the heels of its exposé, that of the Toledo Medical College, point this moral. It would have paid these schools to have sent recent "prospective students" checks to the amount of their railroad fare, payable on presentation in person, in lieu of writing them letters. Discreet politicians never commit themselves on paper, and the evils following in the train of illicit correspondence with females have been so often illustrated that no man of common sense, and perfectly sober, is ever guilty of it. Such is the wisdom of the serpent We apprehend that with the fate of the colleges referred to before them the gudgeons who would swallow the skillfully prepared bait which these latter took, hook and all, will for some time bite with extreme circumspection. That was a shrewd old fellow who said, "Better walk seven miles through mud and rain to talk with a man, than write him a letter." We would move to amend this sage dictum by inserting the words, "who can't spell" after the word "man." This would especially adapt it to medical colleges.

The Decline of American Shipping is discussed with marked ability in the North American Review for April, by the Hon. Nelson Dingley, M. C., who opposes the project of admitting foreign built ships to American register, and by Capt. John Codman, who is well known as a zealous advocate of that measure. Judge J. A. Jameson, discusses the question, "Shall Our Civilisation be Preserved," pointing out the means that are at hand for withstanding the various agencies, physical, moral and intellectual, which threaten to overturn our existing civil and social institutions. The Rev. Dr. Phillip Schaff gives a sketch of the "Development of Religious Freedom;" Dr. Felix L. Oswald writes of "Changes in the Climate of North America," with special reference to the increasing frequency of disastrous floods. Prof. C. A. Eggert offers "A Plea for Modern Languages" in the higher education; and Julian Hawthorne discourses of "Literature for Children." Finally there is a discussion of "Recent Criticisms of the Bible," by the Rev. Dr. R. Heber Newton and the Rev. A. G. Mortimer.

The weekly Medical Review tells of a case which recently happened in Chicago. A woman was operated on for laceration of the cervix, a disease, by the way, which has been frightfully prevalent for the past few years. There were four doctors present (licensed all by the State Board of Health) and the operation was a brilliant success. Unfortunately, however, the woman gave birth, within the twenty-four hours following, to a seven-months' fœtus, and in twelve hours more she was a corpse. A singular circumstance connected with the affair, and going to show the perversity of some women, this woman had been operated on, by the same surgeon, and for the same disease, on a previous occasion, and, although that operation brought away a three-month's fœtus, she made a good recovery, The lesson from this would seem to be that while trachelorraphy is a safe procedure when the woman is only three months gone, there is danger when she has gone on to seven months.

We learn from a copy of the Pilot, published at Blair, Nebraska, that the operation for resection of the pylorus was attempted on the 27th ult., in those western wilds. The victim was a shoemaker, who prior to this final attempt on his life, had run the gauntlet of a score or more physicians, at home and abroad. The chronicler declares that the patient insisted on the operation and that it was undertaken just to gratify him, the surgeons, of whom there were three, knowing he must die. "The tumor or cancer was half as large as a man's head, and," continues the narrator, "the only wonder is that he had not died long ago." We are not told what antiseptic precautions, if any, were taken, nor are we given any further of the details of this capital operation, than the statement that "during the night he (the patient) breathed his last." Impotent conclusion for an operation which might have made the Nebraskan triumvirate awake to find themselves famous, instead of simply notorious.

Referring to our notice in the Age of 11th ult., of its very fitting as well as witty adaptation of nursery rhyme, our highly esteemed, though slightly dyspeptic, contemporary, Gaillard's Medical Journal, advises our publisher to give us an English dictionary. "The book is cheap," it says, "and

the editors need one very badly." It says we do not know the difference between an "abstract" and an "extract," and, pending our receipt of the dictionary, it kindly instructs us therein. It states that if we had known this difference we would not have had anything to say upon the subject." This is "the most unkindest cut of all"—that we, simply because of our non-possession of a dictionary, should be debarred from having anything to say when our beloved contemporary shakes us from centre to circumference with its sallies ! If we ever deplored our poverty and ignorance, it is now.

The Free Press of 11th inst., has a despatch from Ann Arbor to the effect that a citizen of that place took a teaspoonful of ergot, in mistake, for cough medicine. "He discovered the mistake instantly," continues the report, "and hastened to a drug store, where by prompt administering of emetics, his life was saved. Had he delayed a few minutes the result would undoubtedly have been fatal." How is it that ergot is so dangerous to the Ann Arbor male ? We venture to say that many of the females of that interesting burgh have taken teaspoonful doses and often, without experiencing the necessity of hastening to a drug store to be evacuated. But, of course, there is a difference in the sexes in Ann Arbor as elsewhere, in regard to the action of ecbolics.

The Planet complains that the specialists have crowded the general practitioners out of the meetings of the New York medical societies, by monopolising the discussions. The general practitioners of the metropolis are very complaisant to thus allow themselves to be side-tracked. We have no sympathy for the man who suffers himself to be imposed upon, and the fact that he whines at the injustice done him, without having first made a manly fight for his rights, is not calculated to increase our respect for him. It is safe to say that our brother Nelson of the Planet would not permit a specialist to ride over him. Just let one of these gentlemen, and especially a new-codist, try it if he wants to hear Rome howl.

We learn from the Medical News that the individual referred to in our last, who passed thirty-five years of his existence as a female, but who was pronounced a man by Dr. Wm. P. McGuire, concluded just after the revelation of his true sex that it was not good for man to be alone, and took to himself a wife. He reports to the doctor that the marriage relation is mutually satisfactory in every particular, save that the hypospadias prevents intromission of the seminal fluid. An operation for the prolongation of the urethra to an outlet at the glans is all that remains to enable the whilom woman to at once fill the cup of happiness brimful, and to fulfill his mission as a multiplier on the face of the earth.

The Medical Index, being a consolidation of the Kansas and Missouri Valley Medical Index, of Fort Scott, Kansas, and the New Medical Era and Sanitarian, has appeared under the editorship of Dr. J. B. Browning, the proprietors being a syndicate of well known physicians of Kansas City, Mo., in which city the new journal will hereafter be published. Dr. Dickman, erst of the Kansas section of the union, will continue as associate editor, and if his connection is not merely nominal, it will ensure for the Medical Index a crispness which will make it popular. The first number shows the new man at the helm to be an adept. A needed improvement in the matter of proof-reading will, doubtless, be made after things get running smoothly.

"Ophthalmist" is an abbreviation which an English contemporary is evidently trying to substitute for "ophthalmologist." It has not the courage, however, to assume the responsibility of directly suggesting and then defending it, and, therefore, hints that the word is already in use among "our American cousins." Our timid innovator need have no fear. The change would be a good one, being equally descriptive with the other, and quite economical on the score of time, composition, ink, press-work and paper. Let him continue to toot in that note and soon others will be found playing the same tune. "Ophthalmist" let it be.

A medical expert bewildered the court with the following description of an injury, for the receipt of which the plaintiff wished damages: "I found him suffering from a severe contusion of the integuments under the left orbit, with great extravasation of blood, and ecchymosis in the surrounding cellular tissue, which was in a tumefied state. There was also considerable abrasion of the cuticle." The judge relieved the jury by stating that the language was the technical description of what is vulgarly known as a black eye.

A disease among cattle, the chief symptom of which is gangrene of the feet, has for some time been prevalent in sections of the west, notably in Kansas. Investigation by Dr. Salmon, the veterinary authority, has revealed the fact that the food on which the cattle is fed contains a large percentage of wild rye, in which, owing to the wetness of last season, an unusual amount of ergot was developed. This discovery has allayed the fear that some new disease had developed to further jeopardize the cattle interests.

A correspondent of the Journal of the American Medical Association, who has been a member of the Association since its organization, is free to say that he has never met an allopathic doctor among its members. He further declares that "a doctor who proclaims 'contraria contrariis curanter' to be the only true principle of practice * * * * must be a rare bird indeed." The correspondent will find more admirers of his ornithology than he will of his orthography.

It is now declared that the alleged fact that Dr. Didama, President of the orthodox New York State Medical Association, has been guilty of consultation with irregulars, is the topic of some acrimonious

discussion in the ranks. It certainly seems very inconsistent for him to occupy that position if he has been thus guilty, unless perchance, he has repented him of his crime in sack-cloth and ashes. But there be those who cannot forgive such an offense even though the forgiveness be sought with tears.

Dr. D. E. Salmon, an American veterinary surgeon claims to have ante-dated the European investigators in his discovery of the bacillus in hog-cholera. He writes, in Science: "Neither Pasteur nor Thuillier, nor any other investigator that I am aware of, have added one particle of evidence, except by way of confirmation, to that previously advanced by me. M. Pasteur is usually very particular in giving credit, but he does not seem to be keeping up with the progress of American science."

Perhaps we have overlooked some of it, but there does not seem to be so much advice to new beginners, so much taking them by the hand, or so much pointing out to them of the blessings that go hand in hand with loyal devotion to lofty purpose, in our exchanges as there usually is at this season of the year. Commencement orators are, apparently beginning to deal less in hyperbole.

Such is fame: Dr. Isaac Ott, the distinguished experimental physiologist, of Easton, Pa., is referred to by Gaillard's Medical Journal, as Dr. J. Ott, Easton, Pa. Really, we would suggest the purchase of a biographical dictionary by our contemporary. "The book is cheap and the editor needs one very badly."

Referring to the inquiries touching anæsthetics in labor, by Dr. Ziegenfuss, in our last, we would state that the replies are expected to be sent directly to the doctor and are not to be published in these columns. Some of our readers do not seem to have so understood it, and this statement is for their benefit.

"Boss, has you got any of those confound contartic pills?" "Yes. Do you want them plain or coated?" "Dunno. I want dem's dat's whitewashed." He got 'em, and departed. There was a fine opening in the near future for a scholar of his calibre.

Has anybody heard of Chian turpentine recently? Or has ancient Chios ceased to weep its precious tears over the degeneracy of the modern age?

Dayton, Ohio, is said to have eighty doctors and no sewerage. These facts doubtless, occupy a very natural relation to each other.

An English cynic has divided American gynæcologists into two classes: Those who slit the cervix and those who sew it up.

THE FIELD OF DISEASE.—A Book of Preventive Medicine. By Benjamin Ward Richardson, M. D., LL. D., F. R. S., F. R. C. P., and Honorary Physician of the Royal Literary Fund.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

This is a new book, recently issued in England and now appearing in an American edition. No one who is in the least familiar with Dr. Richardson's writings need be told that there is nothing commonplace in it. It, indeed, as does every effort of that brilliant author, bristles with facts quaintly and tellingly put. While it is written professedly for "the members of the intelligent reading public" its treatment of the various subjects discussed is in such style as to qualify it for a place in the library of the physician. The evidence that it is intended for the public is chiefly apparent in the absence of technical language. Without doubt the physician's highest mission is to prevent rather than to cure disease, and it will be a happy day for both the profession and the public when the latter are brought to a realization of this fact. The wise business man consults his lawyer not less readily for advice which will keep him from becoming embroiled in litigation, than for assistance towards a successful issue of the law suit into which he has been unavoidably drawn. And he by no means considers the advice which has kept him out of law as having less monetary value than the effort to get him out of the toils into which he has unfortunately fallen. When the same principle is recognized in its application to medicine, such works as that by Dr. Richardson, now before us, will become essentials in the physician's library. While we are opposed to the contract system as it applies to curative medicine, we should hail with joy the day when the family physician is regularly salaried for his efforts at prevention. When that time comes the influence of the profession will make itself felt in such sanitary measures as will eventually banish from our midst the diseases which are even now classified as preventable, together with many more whose onslaughts are now inscrutable. Dr. Richardson estimates that there are now one thousand one hundred and forty-six distinct diseases. The vast majority of these are preventable and the means of prevention are as fully discussed as the present advancement of science permits. While there are the number of diseases stated, the means necessary to prevent about one hundred of them would include the whole field "since we should incidentally learn how to prevent or remove most of the minor diseases, which do not kill, by the same effects of prevention." The gist of the whole book is, therefore, in the 80 pages which are devoted to those means. They have reference principally to personal hygience and sanitary surroundings, and are by no means doctrinaire.

LEGAL MEDICINE. By Charles Meymott Tidy, M. B., F. C. S. Master of Surgery; Professor of Chemistry and of Forensic Medicine at the London Hospital; Official Analyst for the Home Office; Medical Officer of Health for Islington; Late deputy Medical Officer of Health, and Public Analyst of the City of London, etc. Vol. III.
New York: William Wood & Co.

This, the third volume of this edition of Tidy on Legal Medicine, is the first number of Wood's Library of Standard Medical Authors for 1884. It is devoted to a consideration of Legitimacy and Paternity, Pregnancy, Abortion, Rape, Indecent Expo-

sure, Sodomy, Bestiality, Live Birth, Infanticide, Asphyxia, Drowning, Hanging, Strangulation, and Suffocation. Of the merits of this work we took occasion to speak in our notice of the two previous volumes, which appeared in the Library of 1883. The excellence which was manifest in those has been continued in the present volume in even a superior degree. The reference to illustrative cases in this volume is a very marked and very valuable feature. The collection of those cases displays an amount of labor which is really suprising. It is somewhat unfortunate that the work could not have been cimpleted in one year, and thus have a uniform style of binding for the four volumes. The work as a whole is one which no physician who has occasion to take the stand as an expert, can scarcely afford not to have. A careful perusal of its consideration of the points at issue in a trial, would both prepare the "expert" to acquit himself with credit, and assist in furthering the ends of justice.

We would here, once more, take occasion to commend to our readers Wood's Library of Standard Medical Authors. The work is now in the fifth year of its publication, and, judging from the increased excellence in its mechanical execution which has steadily marked each year, we infer that its merits have been pretty generally appreciated. We have, indeed, learned, though not directly from the publishers, that the list of its subscribers numbers over 10,000 names. The volumes announced for 1884 are uniformly of such subjects as are of interest to the general practitioner.

A Treatise on Pharmacy. Designed as a Text Book for the Student, and as a Guide for the Physician and Pharmacist, Containing the Officinal and Many Unofficinal Formulas, and Numerous Examples of Extemporaneous Prescriptions. By Edward Parrish, Late Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy; Member of the Academy of Natural Sciences of Philadelphia, etc. Fifth Edition, Enlarged and Thoroughly Revised by Thomas S. Wiegand, Graduate of the Philadelphia College of Pharmacy. With two hundred and fifty six illustrations.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt, 189 Woodward ave.

This classic work has been too long before the profession to make it necessary that it be formally introduced to our readers. Its worth has been attested in the experience of a generation of physicians. In the division of labor of more recent years it is chiefly valuable to the druggist, to whom, indeed, it is essential, but to the physician who dispenses his own medicines, and is, of necessity, thus driven to practice pharmacy to a certain extent, there is no book to which he will, in his dual capacity, have occasion to so regularly refer. In the edition before us the work is brought abreast of the latest advances, conforming to the late revision of the U. S. Pharmacopœia and embodying all that is essential of the progress of chemistry and pharmacy up to the date of issue. Its list of formulæ is peculiarly rich in those of standard preparations. The arrangement of the work is with a view to facilitating reference and avoiding repetition, and is in this regard a model.

A Manual of Obstetrics. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. With 59 illustrations. Second Edition.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

This little book of 330 pages is, confessedly, in great part, a compilation from the recent treatises of Leishman, Playfair and Lusk. A proper compilation from these authorities must necessarily be an excellent *vade mecum*. In order, however, to such proper compilation for the use of students, the compiler must himself be not only a skilled obstetrician, but one versed in the requirements of a tyro in the art. An examination of the book before us shows Dr. King to possess these qualifications. In addition to the matter which he has borrowed he has, moreover, added much of a practical nature which the young beginner will find exceedingly valuable, but which he will find but superficially referred to, if mentioned at all, in more systematic treatises.

Management of the Placenta in Premature Labor.

BY J. A. WESSINGER, M. D., PARSHALLVILL, MICH.

Management of the placenta in premature labor is a subject that, at some time or other, presents itself to every practitioner of medicine. This subject has been debated *pro* and *con*, by men in authority. However, no definite mode of procedure has as yet been laid before the profession, although it is conceded that management of the placenta in cases of abortion is the essential thing upon which the attending physician must center his energies. At present the profession is very much divided on this subject, some advocating immediate removal by instruments, if necessary; while others who are more conservative, rely upon nature and merely help to guide the case over the rapids that may stand between it and recovery.

Whatever I may have to offer upon this subject at this time, will be from a clinical standpoint, and based on conditions as presented at the bedside. The first case which I shall report is Mrs. C., æt 36, mother of one child. Patient has always been quite feeble; one of her parents died of phthisis. Had a miscarriage about three years since. Became pregnant again in March of last year. I was called July 2nd, following, when I found the patient threatened with abortion, which proceeded, despite treatment, until July 6th, when a four month's fœtus was expelled, the placenta remaining in the uterus. Ordered moderate doses of ergot once in four hours, and quinine in two-grain doses every two hours. Saw the patient again in the morning following. Condition about the same as before, placenta remaing in uterine cavity. Has had very little pain; rested well during the night; feels "pretty well;" appetite fair, and bowels regular; temperature normal.

It being now twelve days since the expulsion of

the fœtus, and no effort having appeared on the part of the uterus to deliver the placenta, the exact course to pursue did not present itself satisfactorily to me. However, as the patient's condition was good, and nothing really indicated mechanical interference, I "left the case to nature," which kept it in charge until the morning of July 16th, when sudden severe labor pains and moderate hemorrhage supervened. On my arrival, I increased the dose of ergot, which patient had been taking as directed above. With the fourth pain the placenta came away entire, being about as large as my fist. The following was then ordered:

℞ Quininæ sulph..... ʒ ss
Acidi tartarici.....gr. x
Ferri citratis..... ʒ i
Aquæ pur ..... ʒ ii
Ex. ergotæ fl..... ..... ʒ ss
Syrupi q s. ad..... ʒ iv

M.

Slg. Teaspoonful every four hours.

In order that the report may not be tedious, I would simply say that the patient made a good recovery. As to the cause of the abortion in this case, the fact that she had aborted before at about the same age of the fœtus, would seem to indicate the formation of a habit of aborting at a certain time in the course of pregnancy. This habit some women certainly do form. Have we not all seen such cases?

Case 2. Mrs. D., æt. 38, mother of three children, all healthy. History of patient good. First saw the case Sept, 19th of last year, three days after a miscarriage, the pregnancy being in fifth month. The husband was anxious about the removal of the placenta, but as my treatment of the previous case had been successful, and as no urgent symptoms were present in this case, I decided to pursue a similar course of treatment. On the second day after I had seen the patient, and the fifth day after the abortion, the placenta came away entire, and the patient made a good recovery.

We cannot, at present, believe that immediate removal of the placenta is always indicated, especially when the condition of the patient is good. Of course we do not believe that the placenta should remain in the uterine cavity, say from four to eight months, without any interference. Is not there such a thing as meddlesome surgery? One of the sacred writers once said, "I perceive in all things ye are too superstitious," meaning too religious.

A Case of Erysipelas Treated with Potass. Iodide.

BY M. W. O'BRIEN, M. D., BARNESVILLE, OHIO.

W. H., æt. 23, was seized with a severe rigor, and when I saw him a few hours after, he had a temperature of 103° F.; pulse 120; and active delirium. There was marked swelling of the face, scalp and ears, accompanied with intense redness of the skin, darting pains and burning, tongue loaded and breath very offensive. Diagnosing erysipelas, I gave a brisk purgative of calomel, and immediately put him on the following:

℞ Tr. aconiti radicis..... gtt. lx
Potas. iodidi..... ʒ iv
Aquæ, q. s., ad..... ʒ iv.

M. ft. sol.

S. A tablespoonful every four hours.

As a local application I used:

℞ Ext. belladonnæ..... ʒ iv
Glycerini.....
Ungt. petrolei.....ää ʒ iv.

M.

S. Apply to face and scalp twice a day.

I had previously had the hair cut short. The temperature on the third day was 105° F., pulse 130, and the delirium incessant. I endeavored to control the latter by opium. On the fifth day the temperature and pulse came down to 101° and 100, respectively. The delirium subsided and under stimulants and food the case made a rapid and complete recovery, and the patient was about the room on the tenth day.

I have had cases of erysipelas treated by muriate tincture iron in round doses, with iodine, nitrate of silver, carbolic acid, etc., locally, but I have never seen prompter or more gratifying results than the above. My attention was drawn to the use of the iodide of potassium by an article in the Medical and Surgical Reporter, of November 17th last. In none of the authorities, in my reach, do I see any reference made to this drug in erysipelas. Holmes* quotes Mr. Norris (Med. Times and Gazette) saying that tincture iodine "has not merely a local action," but he says nothing of the internal administration of the iodides. "Dr. A. H. Hyatt, of Chicago, has found it of great value in erysipelas, and that 24 to 48 hours are usually sufficient to subdue the disease, and four or five days to complete the cure."† Among my fellow-practitioners I find the majority use the tincture of iron and irritant local applications. "As a rule irritant applications do more harm than good,"‡ and this certainly accords with my experience.

Iodide of potassium may be largely used by many in the treatment of erysipelas, but if so I have seen very little mention of it. Give it in ten-grain doses every four hours from the start, and use sedative local applications, with nourishing, easily digested food, and the result will be so gratifying in every way that the "iron and caustic" treatment will find very poor favor among us. The case I report was a very severe one, but its duration (the result I am sure of the treatment) was much less than in many mild cases which have occurred in my practice when I have given iron internally and applied irritants locally.

* Page 543, vol. 1, Sys. Surg.
† Naphey's Surgical Ther.
‡ Bartholow's Prac., page 688.

Contribution to Our Present Knowledge of the Causes of Consumption (Tuberculosis) and its Prevention.

BY DR. KOCH, DETROIT, MICH.

The question of the cause of tuberculosis has but recently been solved, and the parasitic origin of this disease is now pretty generally conceded. What politico-economic measures may hereafter be taken in consequence of the discovery of this origin, is just now beyond calculation. Even the most dangerous diseases, such as plague, cholera, yellow fever, etc., are far behind tuberculosis in point of the numbers of their victims, for it is estimated that 15 per cent. of all deaths, and 33 per cent. of those dying in medium age, in civilized countries, are caused by it. No age, no sex, no race is exempt from its ravages. Nor does it attack mankind only, but all animals living among human beings, from the mouse to the horse, have been shown by dissections to be subject to it. Two per cent. of all cattle slaughtered in the city of Berlin, were, according to Bollinger, found to be tuberculous, and a similar percentage is considered as probable among poultry, sheep, swine and goats. Up to very recent date tuberculosis had not been found in wild game, and this was supposed to be free from liability to it as long as it remained at large. This has, however, been shown to be a mistake. Only a short time ago we came into possession of manifest proof against this hypothesis, in the carcass of a tuberculous rabbit that had been shot. This rabbit had been bought on the market, and was intended for the kitchen. Externally it presented no signs of disease and was quite fleshy, but when skinned and dissected by my partner, Dr. Nicolai, it showed large cheesy deposits in lymphatic glands and lungs, and in the spleen and liver were found innumerable tiny tuberculous knots, as if these organs had been sprinkled with the finest sand—a perfect picture of miliary tuberculosis.

It has been known for a long time that by feeding animals with tuberculous matter, tuberculosis could be produced (Virchow), that young vigorous people have died after having partaken of the flesh or milk of tuberculous animals, and that children after having for a time partaken of the milk of tuberculous cows, died of exhaustive diarrhœa, caused by tuberculosis in the intestines. Some members of families are afflicted with consumption, although no case of tuberculosis had been known to exist in the family for two or more generations. Tuberculosis of the husband is followed by tuberculosis of the wife, and *vice versa*. Tuberculous parents have tuberculous progeny. Orphans, who by descent had not a trace of tuberculosis, have been attacked by it when brought up in families in which a tendency toward it existed. All these facts have long been known, and the most subtile and divers hypotheses have been constructed to account for the tuberculous disease. The true nature of tuberculosis was, however, understood but little until that eminent experimental pathologist, Dr. Robert Koch, member of the German Imperial Board of Health, succeeded in throwing some light on this subject.

Dr. R. Koch was the first who succeeded by the aid of the microscope and a peculiar method of coloring, in demonstrating the origin of tuberculous disease to be some staff-like formations about 5 to 7 times as long as they are thick, which under a microscope magnifying 400 times, are seen about one and a half to three millimeters long. Dr. Koch propagated these microscopic bodies through many generations. He observed their development, and demonstrated by inoculation on animals, that these bacilli, thus propagated outside of animal bodies, are capable of producing the same disease, as the parent bacilli, originally found in the diseased carcass. These cultures and inoculations showed, that the development of tuberculosis bacilli takes place only in a constant temperature of 86° Fahrenheit (30° C.), and upwards, and relatively slowly, and that the tenacity of life in tuberculosis bacilli is very great, for a tuberculous excretion, thoroughly desiccated for many weeks, retains its infecting qualities and loses them only in a heat of 330° Fahrenheit (110° C.—far above the boiling point of water.) The habitats of tuberculous bacilli are the excretions of those afflicted with tuberculosis, and the organic parts, the flesh, milk, etc., of afflicted human beings or animals.

The bacilli contained in these tuberculous productions enter the human body in one of three ways: (1) they may be suspended in the air or may be attached to dust and enter the body, during respiration, and cause tuberculosis of the larynx and the lungs; (2) they may enter the stomach with the food that is eaten and produce tuberculosis of the intestines; and (3) they may be introduced underneath the skin by inoculation, as by the stings of insects, and produce skin-tuberculosis (some forms of lupus and furuncles). Judging from the prevalence of tuberculous poison it is fair to presume that the great majority of human beings have already taken in tuberculosis bacilli. All, however, have not experienced any deleterious effects, because these bacilli did not find in all the conditions necessary for their development, and thus died or were removed from the body by excretion. Those who are attacked had the misfortune to come into close relations with the virus, and at a time when the condition of their bodies made a lodgment and further development of the bacilli possible, and giving them an opportunity quietly to increase and multiply. These unfortunates were, as it is commonly put, "predisposed" to this disease. This term is frequently employed and is intended to imply that the person referred to was only, in consequence of a simultaneous presence of a certain something, favorable to tuberculosis bacilli, afflicted with consumption. As such conditions, favorable to the development of the bacilli, may be considered, especially, disturbances of the circulation, inflammations, catarrhal conditions, excoriations on all parts of the

body accessible to these bacilli, as the mucous membranes of the nose, the throat, the windpipe, the intestines and the skin. At times such conditions are, doubtless, to be found in all human beings. They exist permanently, however, in the case of such as, in consequence of noxious food and incorrect modes of living and irregular action of the internal organs, suffer steadily from disturbances of the skin and mucous membranes. This condition is found in the scrofulous, rickety, syphilitic, nervous, intemperate and in progeny of infirm organization. The greater number of the latter has kept the former out of sight, in regard to tuberculosis, and as the disease was seen very frequently to attack entire families, the natural conclusion was that it was "hereditary, being transmitted in the same manner as parental peculiarities are transmitted to descendants, the grandchildren and great-grandchildren inheriting the complexion, color of the hair, etc., of their ancestors. It is not uncommon to learn on consultation with friends of the patient that "he got the tuberculous disease from his father, or he got it from his mother."

But, however incredible this theory must appear *a priori*, inasmuch as the disease may not have appeared until after a decade of blooming health, and even not until old age, the theory that tuberculosis is a hereditary disease has, nevertheless, been maintained. After daily experience and scientific research (discovery of the tubercle bacillus and exact information touching the formation of the spermatic animalcule and the egg, of the impregnation, of growth of the fœtus, especially the vessel-arrangement between mother and fœtus) had shown this theory to be untenable, the expression, "inherited disposition," was coined as a substitute. This phrase is intended to imply a kind of blood alteration (dyscrasia) or defective formation. Such alteration or defects have, however, never as yet been demonstrated. Again, because the tuberculous disease was also found among individuals not hereditarily afflicted, the expression "acquired disposition" was coined. This implies that the tubercle bacilli must find a suitably prepared soil in the body, in order to produce the tuberculous disease.

In the light of later discoveries it is no longer necessary to call in the aid of the expressions "heredity," "hereditary disposition," etc. It is enough to know that in order to infection with tuberculosis nothing further is necessary than that the tubercle bacilli insinuate themselves into the body and develop in the tissues thereof. This opportunity is furnished in the dwellings of tuberculous persons and by close contact with the diseased. Such conditions are more favorable to the infection, in the same way that residences affected by diphtheria, scarlet fever, whooping-cough, typhoid fever, etc., are the most favorable for the spread of these affections to those dwelling therein. Nobody and no family is, therefore, protected against tuberculosis simply by bodily condition, any more than that certain districts afford protection against it. It was formerly emphatically asserted the certain districts enjoyed immunity, and climatic therapeutics for consumptives came into vogue Among such "healing localities" the coasts of the Mediterranean and the Ligurian Seas, Isle d'Hyéres, Cannes, St. Remo, etc., and the dry climates, protected from the winds, such as Cairo and Upper Egypt with its pure desert atmosphere, and the mountain sanitariums at Davos and Engadine were for a time popular. In this country Florida, Georgia and Southern California have been resorted to, but all with little success, as the cemeteries of these places will attest. Strangers who have sought relief at these "health resorts" have been known to be buried in the quiet of the night so as not to frighten off the other deluded victims, and their names appeared on the public registers as having "gone away in the morning."

The regular inhabitants of those resorts learned, by sad experience, that they were buying a dangerous disease for cash. After the consumptives had developed among them, they no longer enjoyed immunity against tuberculosis through their climatic situation and meteorological relations: air, dryness, temperature, etc.

An important factor in the etiology of consumption is popularly believed to be "catching a cold." This term is used by all, but few know what is meant by it. "Catching a cold" is the result of cold acting on the body; the cold is essentially the same thing in its effects on the mucous membranes that frost is on the outer skin. While in the latter case the effect of cold is the filling of the blood-vessels, *e. g.* the redness and swelling of the ears and hands, with pain or numbness, in the former case there is filling of the blood-vessels, swelling and redness of the mucous membranes with or without secretion, tickling, pain, cough in the former. Another kind of cold is the cold engendered by evaporation in a sweating body. The effect here is entirely opposite to the first named; instead of causing a flow of blood to the surface of the body, it drives the blood to the inner organs. In these it causes disorders and leads to catarrhal and inflammatory diseases of the lungs, stomach, intestines, kidneys, etc. A third kind of cold is caused by a constant draft of air on a greater or less surface of the body, as may be observed in sitting near an open window, or standing at a street corner, which may cause, especially, the numerous kinds of so called "rheumatism." These conditions are about all that may rationally be conceived, when the expression "catching a cold" is heard. A variety of sufferings of the different organs may be caused by it, but no tuberculosis. Nevertheless, the catarrh produced by it, may prepare the ground in which tubercle bacilli can get hold and multiply. The bacilli are always the *condito sine qua non* of tuberculosis.

The importance of the recent discoveries in their bearing on social life is apparent, when we consider that they have made it possible for every physician, who knows how to use a microscope, to establish positively the fact, whether in a given case, for example, in a case of constant cough, emaciation, etc.,

tuberculosis is the cause or not, and whether the prognosis be favorable or not. The physician is thus placed in a position where he has to combat an opponent that can be handled as his strength is known, and whose vital conditions have been large ly investigated and are still being investigated. Notwithstanding, the contest with tuberculosis is not an easy one. Even though the sources of the disease are known, the way to block them all has not yet been found and the problem is still a *noli me tangere* and still in the need of the most hearty co operation of scientists, governments and humanitarian public opinion.

Unfortunately, there has, as yet, no specific remedy been found to assist us in combatting existing tuberculosis, such as we have, for instance, against syphilis, malaria and acute rheumatism of the joints. All advertisements of remedies and recommendations in the newspapers and pamphlets concerning the cure of consumption, are supported by nothing and proven by no success. But there is still a prospect for more successful treatment of the disease; this prospect is based on more recent discoveries.

The general public should be taught to disregard old prejudices, to avoid ignorant quacks with their swindles, and to repose more confidence in the physician than is the case at present. No disease requires as much perseverance as this, in consideration of the many fluctations between feeling good or bad, the anxiety for recovery and the love of life. The anxious grasping after remedies, the change of physicians, despair, hope, fear, go in no other disease to such extremes, and in connection with no other disease is it so conspicuous as here, how little faith people have in legitimate medical measures, and how the ignorance and "cheek" of the mountebank turn this incredulity to account. In this connection one feature of the tuberculosis merits equal mention: To the sick, the cough is the disease, and only that physician satisfies the patient who succeeds in allaying this symptom. To this end narcotics are employed. By this means the patient obtains temporary relief, but is hastened by it to his permanent relief in death, for cough is nature's method for the removal of deleterious substances, such as tubercle bacilli and pus. If pus be not removed or its production prevented by remedies, the same results, in addition to the accumulation of the dangerous bacilli, will follow as when purulent productions in other parts of the body are exposed to the air and the absorption of the decomposed material gives rise to high hectic fever with chills, sweats, rapid decay, blood poisoning, etc.

As concerns the prevention of tuberculosis, we can indicate the means only by pointing out the sources of the disease. Whereas there is in the milk and flesh of tuberculous animals a danger that cannot be averted even by boiling heat, it is necessary to be careful in the selection and purchase of such articles, and to bear in mind that the knowledge, conscience and honesty of many people leave much to be wished for. Milk, that so often takes the place of a nurse, with small children, should only be taken from a cow that is pronounced sound by a competent veterinary surgeon. Poultry and small game should be bought only undressed, and their internal organs should be carefully inspected before cooking, because in these organs this disease produces such conspicuous changes, that they can hardly be overlooked. For larger animals, the State should act as overseer, and by erecting public slaughter houses, by the inspection of meat and by inspecting animals before they are killed, give sufficient security against danger.

The ancient Mosaic law, still so often quoted as authority, contains such provision, and many other more modern States, whose authorities have learned to perceive that the welfare of the State depends, above all things on the health of its citizens, have followed this example and adopted commendable laws in regard to the inspection of food, etc. In this regard England took the lead, especially under the former prime minister, Disraeli. Most of the other governments, however, have very little consideration for their innovations, and seem to wait till distress cries aloud to heaven.

In regard to tuberculous patients themselves, there is no thought of isolating them as was done with the lepers in the middle ages, for this is not necessary, because communication with them is not of itself dangerous, and because neither proximity, breath nor the lips, cause infection. It is only in the excretions, their sputa, and perhaps also their urine and fæces, that the danger resides. These when fresh are only brought in contact with human bodies through accident, but when dried their transmission through air is a great source of danger. They thus may gain access into the bodies of others and cause infection. These substances may by careful watching of spitoons, handkerchiefs, etc., with a little attention on the part of the patient, and by disinfection, be made innocuous, the same as infected bedclothes and other clothes, may be rendered innocuous by burning them. The rest is cared for by nature through the process of putrefaction, the producers of which annihilate in an unknown manner the tuberculosis, bacilli and most of the other causes of disease.

I think, that in the foregoing I have given a sufficient description of the essence of this disease and the means of its prevention, to afford the sick this consolation, that, through the discoveries indicated, a basis has been produced on which the treatment of consumption promises better results than heretofore.

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Overwork in Elementary Schools.—It will scarcely be deemed necessary to discuss in this connection the moot question of the nature of mind. That mysterious thing may be an entity, in and of itself, or it may be but the expression of organization. This much, however, is common ground for the believers in the psychic and the somatic theories: the nature and force of mental manifestations are intimately dependent on the integrity of the brain. The brain is an exceedingly sensitive mass of complex nervous matter, and its sensitiveness to disturbing influences being greatest in infancy and youth, the treatment to which it is subjected at this period is of paramount importance. The bent which it receives in early life determines its future.

While the above facts have long been recognized, it is only within comparatively recent date that their practical bearings on school life have engaged the attention of thoughtful men. The palpable evils of the educational pressure of more recent years have had much to do in arousing and centering this attention. The bubble of pride in our educational system, which educators with more zeal than judgment have done so much to inflate, is being pricked, and that will be a happy day which witnesses its complete collapse. A visitor to our public schools is struck with the number of pupils whose noses are bestraddled with spectacles—most incongruous encumbrances to the face of youth, which indicate great prosperity among ophthalmists and opticians. These visual defects are, however, of but secondary importance when compared with the injury which, though less apparent in early years, will appear in bold relief later on. The constant headache with which school children are so commonly afflicted betokens the incipiency of serious trouble. While the shape of the eye altered through the abuse to which it is subjected under insufficient light, cross lights, and poring over small type, may be corrected by means of glasses, there is no device of man which can restore to the infantile brain the freshness and elasticity once lost, and to which loss the persistent headaches in school children ominously point. The bloom of the peach once brushed off can never be restored. These school headaches mean irritation of the delicate cerebrum and its membranes, and the long-continued operation of their cause lays the foundation of hysteria, lack of proper mental equipoise and tone, and general irritability in later years.

The grave defect in our educational system is traceable to the fact that it is organized by pedagogic enthusiasts, who are ignorant of even the rudiments of physiology. Their object is to produce infantile prodigies, and to that end they convert the school-room into a sort of educational hot-house. The physician is not deceived by the pyrotechnical exhibitions which these precocious children give on stated occasions, for the delectation of fond parents. While conceding the desirability of mental culture he realizes the necessity of that reserve force of vitality which the unnatural methods in vogue are among the most effective means of exhausting. Real success in life, if not more dependent on the body than on the mind, is at all events impossible without bodily health, and any system of education which has no reference to the best interests of the body is a delusion and a snare. It behooves the medical profession to make its influence felt in this direction, with a view to a correction of the unnatural methods with which the system of education to which the people "point with pride" is tinselled. Let physicians insist with all the force at their command, that any system which prevents the child from developing into a prime animal is founded on error. We are frequently asked to admire the "self-made

men " who are leaders in every department of industry, and it is often wondered what these comparatively illiterate men would have been had they but had the advantages of an education in their youth. The probabilities are that these men are what they are, in many instances, because of and not in spite of having enjoyed these " advantages." Having escaped the high pressure methods through which the brain is stuffed and worried and teased in early years, they have preserved intact that force which, in spite of their literary short comings, has enabled them to triumph in the struggle for existence. What the brain of youth requires is development and not cramming, and this cannot be successfully accomplished under any system which ignores the laws of tissue growth and integrity. The physician is being kept out of the school-room to the incalculable detriment of our youth.

The glory of a nation is not its round-shouldered, be-spectacled, narrow-chested, effeminate bookworms, whose souls partake of the characteristics of their bodies. It is in its " men and women strong of limb, graceful in movement, nimble-handed, quick-sigted, clear-headed, tender and true "—nature's children who have not been pinned to benches and stuffed with " knowledge " as one would stuff a turkey, when they should have been out learning, under proper guidance, the great lessons which no pedagogue with his mechanical appliances can teach. In the education of our youth the school-room with its grind, should play a subordinate part.

Old Age.—While Dr. Farr's description of the march through life of a million children, may need to be somewhat modified in the light of more recent observations, it is still essentially correct: Of a million children born to-day, nearly 150,000 will die within a year ; 53,000 in the second year ; 28,000 in the third; and less than 4,000 in the thirteenth year. At the end of forty-five years one-half of the million will have died, and at the beginning of sixty years 370,000 will be living. This number will have fallen to 280,000 in ten years more, and at the end of four-score years only 90,000 will be left. In five years more 52,000 of these will have succumbed, leaving 38,000, of which number 2,100 will still be living at ninety-five, 223 of whom will reach the even century, and of the million starting out to-day, but one solitary pilgrim will be found at the end of 108 years. The average life of the million will, according to Dr. Farr, reach 40.858, or nearly 41 years. Later calculations show that improved sanitation has increased the average duration of life to 43.56 years.

The great object of medical science being both to increase the span of existence, to the length contemplated by nature, and to postpone the evil, old age, the natural limit of human life and period of the advent of natural old age become interesting inquiries. Dr. John Foster contributes some interesting notes thereon, in the Medical Press and Circular. He holds, with Dr. Farr, that the complete cycle of physiological life, under favorable conditions, is a century. In this cycle old age begins at 85, the previous decade being the period of ripeness, maturity being from 55 to 75, and manhood from 25 to 55. Dr. Oliver Wendell Holmes makes old age to commence at 47, but this is too early, even though he dates senility from the onset of physical degeneration. If the latter be accepted as the evidence of old age that state is much dependent on the modes of life, from the moment of life up. In Dr. Farr's division of life into periods he is, doubtless, guided by the condition of the mind rather than by that of the body. Physical vigor, even in those who have lived most closely up to physiological law, unquestionably commences to wane with the crossing of the half-century meridian, while a man's mental power shows no signs of weakening, in the case of a well-ordered life, for at least a decade after this. " Old men for counsel and young men for action," is an embodiment in a proverb, of a physiological truth, of which the fields of literature, science, art and politics furnish abundant illustrations.

But to confine our consideration of old age to its evidences on the physical parts: The period of its advent is not determined by years. Many are physically younger at three score than the average of their fellows is at fifty, and one writer has said that he has met with few or no cases of death from " old age," everybody dying of some recognized disease. Unquestionably the deaths from uncomplicated old age are few and far between, but the physical and vital degeneration which is the synonym of senility renders the system peculiarly liable to disasters from slight injuries, cold, heat, want or attacks which in early years would have been shaken off. The liability to diseases of different natures varies with the age of the individual. If we make a rough division of diseases into two great classes—parasitic and degenerative—the former will be found to be most prevalent in youth and the latter in old age, degeneration of the tissues and vitality predisposing the system to their attacks.

The grand aim of the physician, therefore, as appears from the above is to inculcate such rules of life as will postpone the date of commencing physical degeneration, and retard its progress within the bounds set by nature when it has once commenced, as commence it inevitably must, to end in death, which is but the complement of life. An intelligent sanitary science has this as its subject. Degeneration and death cannot be averted, but when they anticipate nature's prescribed date of their advent, the fault is man's and the result is the penalty of either his ignorance or his folly. The ignorance or folly may not be chargeable directly to the individual, as he may have inherited certain vices which predispose to early decay. This transmission of qualities, acquired and inherited, lies at the root of all improvement of the race. To leave the body better than we found it, and transmit that improvement in vital force to posterity, is the true evolution by

which hereditary taints may be abolished. "In my student days," says Dr. Foster, "a cruel pathology was taught, that certain constitutions were doomed to hereditary diseases, and distinct lines of demarcatin were drawn between those so affected and others. Logically, that doctrine can only be sustained in a limited sense. Inter-marriage must so mix up blood that no constitution could long remain free from taint. All parts of the body go through their stages of growth, maturity and decay, are cast off and succeeded by others and often better ones. Thus death is not the end but the beginning of life. 'That which thou sowest is not quickened except it die,' is a physiological truth, and lies at the root of all improvement of the race, as well as the root of all Christian faith."

Broken Breasts.—No doubt great good has come from the recent spirited discussion of puerperal fever by the profession of New York, and every other city in the United States having a medical society. The old and the young have alike had a chance to compare their facts and theories, concerning a disease that has from the earliest time been the *bete noir* of the medical practitioner. This disease having been so thoroughly discussed, we would suggest that Drs. Thomas and Barker now agitate the subject of mastitis, and tell us when and how to anticipate or prevent the sufferings which nursing women endure. Perhaps these gentlemen, like many others, think this subject is too easy and simple to receive great attention. Any doctor ought to know enough to prevent or successfully manage a "gathered breast," to tell the nursing woman that she must keep the breast thoroughly emptied of milk and thereby prevent the engorgement of ducts and gland cells which precedes the developement of inflammation, or to poultice and incise when abscess has formed. A great deal of suffering might be relieved if these great lights of the profession would tell us how they succeed in preventing mastitis, if, perchance, they do succeed better than the rank and file. When an old practitioner of thirty or forty years' experience, and of more than average professional attainment, treats a woman through her confinement and three or four days thereafter, has his attention called to pain in the breast and orders his test treatment, and sees it carried out, and yet the gland goes on to suppuration and gangrenous sloughing and the poor woman is finally saved after a six weeks' struggle with septicæmia, the ordimary physician is apt to feel a little skeptic about the efficacy of preventive treatment, or the success of any management which proposes to carry the cases through without serious systemic shock. A journal article on mastitis usually expends its force in extolling the success the writer has had by the use of some special formula containing belladonna or phytolacca. Another writer always cures with cold and another with heat—thus imitating Gil Blas, who says that heat and cold are the only remedies for the diseases of mankind; if one fails the other will succeed. One fact is quite apparent: physicians too often leave the care of the disease of the nursing breast to the nurse. Probably not more than one half of the cases occurring receive the attention of the physician from the start. Thus from sheer want of experience many dismal failures ensue.

The situation as regards broken breasts may be summarized thus: 1. The doctor is often not called until thirty-six or forty-eight hours after inflammatory trouble has commenced. 2. He does not know what to do after he is called. 3. He poultices the breast too much, all treatment being local and not affecting materially anything but the skin. Now if this were different and the doctor enquired after the breast three or four days after delivery, and the moment the patient complained of soreness about the nipples order a shield and tube for the infant, and at once apply adhesive plasters in such a way as to relieve the gland from the tension of its own weight, inflammation and suppuration might be prevented. If, however, the soreness has existed three or four days and the patient has chilly sensations along her back and there are hard painful lumps in the glands, he may accomplish good by resorting to the afore-mentioned methods, and, in addition, thrusting a very sharp straight bistoury into and through the indurated lumps. If pus is found the incision may be enlarged to admit good drainage as the bistoury is withdrawn; if not the resulting hemorrhage will generally relieve the vascular engorgment. The bowels should be opened by a saline preceded by a mild, mercurial, say 10 gr. of calomel in two doses, three hours apart. Opium should then be given for the same reason that it is given in other inflammatory affections. When suppuration has occured before the doctor is called, free incision of the abscess should be performed and the wound dressed with absorbent cotton moistened with a solution of corrosive sublimate, one grain to the pint of water. It is better to make free openings with the knife than to annoy the patient by deluging putrefying abscesses with antiseptic solutions. The daily use of a syringe for this purpose irritates the patient more than a good free cut made but once.

The aim should be to give the gland as much physiological rest as possible, and while belladonna may be able to arrest grandular activity in a physiological sense, practically it can do nothing of the kind while the baby is tugging at the other breast or while the maternal impulses are encouraging the gland-cells to make the most of the blood that is being supplied to them. It is better to look at the matter as it is, and not be satisfied with treatment which is theoretically sound, but has been found in practice of no use. The firm and uniform pressure imposed by properly applied adhesive plasters does more to accomplish physiological rest for the mammary gland than any drug that has heretofore been employed.

THE INFLUENCE OF THE BACILLUS THEORY ON THE TREATMENT OF CONSUMPTION.—Our readers were, doubtless, much interested in reading the contribution by our Detroit namesake of the illustrious Koch, to our present knowledge of the causes of consumption. The writer has gone to the extreme length in endorsing the bacillus theory of the causation of consumption, and the deductions regarding the therapeusis and prophylaxis of that destructive disease, which are the logical result of that theory. It is quite natural, in view of the positiveness with which Koch and his supporters have asserted the connection between bacilli and consumption, that the attention of the profession should be concentrated as it is on this question. It seems to be a demonstrated fact that bacilli and tuberculosis invariably coëxist, but the question whether the bacilli are a cause or a result of tuberculosis will, we think, be held by those whose enthusiasm has not biased their judgment, to be still an open one. Still good will probably result from the attention to the local treatment of the pulmonary lesion which the bacillus theory has excited. The applications by means of inhalations, which have been suggested as a means of destroying the bacillus when the disease is established, being invariably of an antiseptic nature, are doubtless beneficial to the tissues with which they come in contact, and that too, regardless of any influence which they may have upon the bacilli. Carbolic acid, creosote, thymol and iodine, now being very largely used by means of inhalation, in the treatment of phthisis, have had their beneficial action demonstrated in the treatment of superficial ulcerations of external surfaces, and there is no reason why they should not, and there are many reasons why they should, be beneficial as applications in the case of solutions of continuity in the pulmonary tissue. When combined with chloroform, moreover, as they so frequently are, their action in allaying irritability of the tissue would be endorsed on rational and theoretical grounds. They, unquestionably, often relieve cough and diminish secretion, and in this manner are apt to deceive both the patient and his physician, for the relief of cough and diminution of secretion are not at all times beneficial.

It has not yet, as far as we have been able to ascertain, been demonstrated that the means employed for the destruction of the bacilli in tuberculosis have ever succeeded in reducing the temperature of the body. Any treatment which does not do this is all the more delusive in proportion to its influence in relieving immediate local symptoms. We would not, however, discourage such local treatment; we would rather suggest that it be not allowed to blind the physician to the fact that other and more important measures are necessary to the correction of the dyscrasia, of which the lung trouble is, too frequently, if not always, but a local manifestation.

The question of the contagiousness of consumption naturally suggests itself in this connection. The believer in the bacillus theory is almost necessarily a believer in the communicability of the disease. In determining this question, however, clinical facts rather than theoretical reasoning must be depended on. In the recent Collective Investigation in Great Britain, in which questions covering this matter were answered by a very large number of the members of the British Medical Association, 67 per cent. of the answers were emphatically opposed to the doctrine of the contagiousness of consumption, while of the remaining 33 per cent. the majority gave conditional replies. We think the experience of the profession is in support of the statement that consumption may be communicated under peculiar circumstances, both as regards the consumptive and the one to whom he communicates the disease, but that under the ordinary circumstances the disease is not communicable. Dr. Flint in a recent paper argues that a predisposition to the disease must coëxist with the exciting cause, and cites the apt simile of the blades of a pair of scissors, whose value depends on their being joined together; separated, each is powerless. Our correspondent, Dr. Koch, does not feel called upon to follow his belief to its legitimate conclusion and isolate tuberculous patients, as it was formerly the custom to do with lepers. Holding that it is only their excretions which contain the bacilli, and that the parasites are not given off with the expired air, he thinks that the destruction of the sputa and, perhaps, also of the urine and fæces would be sufficient as a prophylactic measure. It is scarcely necessary to argue this view of the question, and, for other hygienic reasons, it will be well for the practitioner to enjoin on those in charge of consumptives the advisability of attention to such destruction.

TEMPERANCE IN THE PUBLIC SCHOOLS.—The genial editor of an esteemed contemporary has referred to us a circular received from the Secretary of the Scientific Department of the Woman's Christian Temperance Union, with the request that we comment thereon. The fact that his well-known personal views on the alcohol question might subject him to the charge of inconsistency were his pen to be guided, (as, in the very nature of the case, it must) by the promptings of his chivalrous spirit, is, doubtless, the reason why he refrains from commenting on the circular in his own columns. Nothing daunted by the threats of the female suffragists against our Representative in Congress for his opposition to their bill, we cheerfully accede to our friend's request. The circular in question declares that "through the instrumentality of W. C. T. U. the study of physiology and hygiene, with special reference to the physiological effects of alcoholic drinks and narcotics, has been made obligatory for all pupils in all the public schools of Vermont, Michigan, New Hampshire and New York State." To meet the demand thus created Mrs. Mary H. Hunt is editing a series of text-books. "While there is no attempt to incorporate a temperance

lecture in a school-book, yet the terrible effects of the stimulants and narcotics, especially on the young, are set forth all the more impressively since the lesson is taught merely by the presentation of of facts that lean toward no one's prejudices, and admit of no answer or escape."

It would be too much to expect that a body of women, or men either, for that matter, moved by zeal more than by knowledge, should distinguish themselves by the profundity of their treatment of a scientific question. It is no disparagement of the good women of the W. C. T. U. (and we certainly mean them no disrespect) for us to say that they have not the qualifications of an Anstie for the scientific consideration of the alcohol question, which they have assayed. If any proof of this assertion were required we need only to point to the conception of the subject as bodied forth in the circular before us. The aim of the Union (and a noble aim, though impracticable, it is) is to banish alcohol from society. As long as it confines itself to "moral suasion," and decries the indiscriminate use of alcohol as a beverage, it must receive the cordial sympathy and moral support of all good citizens, and of the medical profession in particular; but when it seeks to supplement these means by scientific dissertations, it can claim the support of the profession only in so far as its assertions are warranted by demonstrable facts. It is only reasonable to suppose that it expects to use "the physiological effects of alcohol drinks and narcotics" as arguments in favor of total abstinence. With all respect for the worthy ladies of its membership, we maintain that any such argument based on the *physiological* effects of alcohol and narcotics, must be exceedingly fallacious. To make such physiological effects answer the purpose for which they are designed, it will be necessary to deal in a sophistry not sanctioned by honest, unimpassioned, unprejudiced science. We can readily understand how the "pathological," or poisonous, effects of these substances, truthfully portrayed in popular language, would serve as powerful arguments in support of total abstinence. Text-books containing such portrayal would serve to deter their readers from the physiological use, harmless in itself but liable to develope a taste which leads to a use exceeding physiological bounds. Science will permit of no distortion, even in the interests of a laudable purpose. While its tendencies are philanthropic it will not swerve a hair's breadth from the truth even to banish from the land the curse of the abuse, or *un*physiological use, of alcohol and narcotics. While it is important that our children be deterred from an abuse of their appetites, it is doubly important that the means of such determent do no violence to truth.

THE CHOLERA BACILLUS.—Koch, the indefatigable, is still at work at the head of the German Cholera Commission, prosecuting his researches into the causation of cholera. His latest report is dated Calcutta, India. At the date of this report material had been collected from nine post-mortem examinations and from eight living persons suffering from cholera. In all cases microscopical examination revealed the same bacilli as had been found in Egypt. The question whether these bacilli were distinctively those of cholera, and distinguishable from other intestinal bacilli of similar shape, it was, however, left for the later observations in India to decide. It has been definitely settled, according to the last report, that they are characteristic of cholera, patients dead of pneumonia, dysentery, phthisis and kidney disease having been examined with negative results. These cholera bacilli have, moreover, been found in a water tank, thus furnishing evidence of the existence of a relation of cause and effect between them and the disease.

While Koch and his collaborators have been at work in India, Pasteur and his have been working in Egypt. The latter having claimed to discover a peculiarity in the blood of the cholera patient, Koch takes occasion to refer as follows to the alleged discovery:

"I learn from the medical journals that the French commissioners sent to Egypt to investigate cholera, declare in their report that they have gained other results than those communicated by myself, having found organisms in the blood alleged to be peculiar to cholera. Since this might give rise to the impression that the researches of the German Commission were going in a wrong direction, I think it necessary to state to your Excellency my views upon the above statements. In the blood of the healthy man, besides red and white blood-corpuscles, there exist, in varying numbers, small, roundish, pale elements, the so-called blood-plates (Blutplättchen). In some febrile diseases—typhus fever and pneumonia, for instance—these elements are greatly multiplied, and, in consequence of their resemblance to micro-organisms, have been repeatedly taken for bacteria. In the blood of individuals suffering from cholera, and of those who die from this disease, they are almost always increased, as we were able to ascertain in the cases of cholera examined by us. This fact, after all, is not a new one, having been already mentioned by former investigators. Dr. D. Cunningham, for instance, as early as 1872, in his 'Microscopical and Physiological Researches into the Nature of the Agents Producing Cholera,' has given a very good figure of these formed elements of the choleraic blood. Now, since even the most approved methods of examination do not permit of the recognition in the cholera-blood of any other element similar to bacteria, and since the description given by the French Commission corresponds in every way with the above-mentioned blood-plates, I cannot but argue that the French Commissioners, falling into the same error as previous investigators, have mistaken the 'Blutplättchen' for specific organisms. Any etiological connection with cholera cannot be ascribed to these blood-plates, because, as I have already mentioned,

these elements are also met with in the blood of healthy individuals, and others suffering from other diseases."

IRRITATION OF THE SEXUAL APPARATUS AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF NASAL DISEASE.—The evil effects of undue excitation or disease of the generative apparatus upon the organs of sight and hearing are well known to specialists in these departments. In a very learned and interesting article in the April number of the American Journal of the Medical Sciences, Dr. John N. Mackenzie quotes authorities to prove that the fact that immoderate indulgence in venery may lead to derangements of sight, was familiar to Aristotle, and that the fathers of medicine recognized some mysterious connection between the ear and the productive functions, and that the intimate relationship between the genital organs and those of their throat and neck attracted the special attention of the ancients.

Whilst historical facts point to the early recognition of the relationship between the over-indulgence of the sexual powers and morbid conditions of the eye, ear and throat, the special part which it plays in the production of nasal disease seems to have been overlooked, and Dr. Mackenzie has done good work in pointing out the intimate physiological relationship which exists between certain portions of the reproductive system and the erectile nasal tissue. Clinical observation has shown him that—

1. In a fair proportion of women suffering from nasal affections, the disease is greatly aggravated during the menstrual epoch, or when under the influence of sexual excitement.

2. Excessive indulgence in venery seems to have a tendency to initiate inflammation of the nasal mucous membrane, or to aggravate existing disease of the structure.

3. The same is true in regard to the confirmed habit of masturbation.

4. The co-existence of uterine or ovarian disease exerts sometimes an important influence on the clinical history of nasal inflammation.

These observations, therefore, encourage the belief, if they do not establish the fact, that the natural stimulation of the reproductive apparatus, as in coitus, menstruation, etc., when carried beyond its normal physiological bounds, or pathological states of the sexual apparatus, as in certain diseased conditions, or as the result of their over-stimulation from venereal excess, masturbation, etc., are often the predisposing, and occasionally the exciting causes of nasal congestion and inflammation. Whether it occurs through reflex action, pure and simple, or as the sequel of an excitation in which several or all of the erectile structures of the body participate, the starting-point of nasal disease is, in all probability, the repeated stimulation and congestion of the turbinated erectile tissue of the nose. It is highly probable that this erectile area, so sensitive to reflex-producing impressions, is the correlative of similar vascular areas in the reproductive tract, and that the phenomena may accordingly be explained by the doctrine of reflex or correlated action.

OLIVE OIL FOR GALL-STONES.—The readers of the predecessor of this AGE will, doubtless, recall the discussion of the nature of the masses discharged from the bowels after large doses of olive oil have been given for the relief of biliary calculi. The consensus of opinion was in harmony with the statement of Flint that they "are composed of a concrete form of fatty matter like the bodies passed in some cases of fatty diarrhœa." The editor of the North Carolina Medical Journal has recently had an opportunity to make a chemical examination of these discharged bodies and the result raises a doubt as to the correctness of Dr. Flint's dictum. A patient suspected of having gall-stone was given a full dose of sweet oil which brought away about one ounce and a half of bodies of various shapes and sizes. Some were of the color of greenish myrtle wax, some brown, and others nearly white. They were of the consistency of wax, soluble in alcohol and in olive oil, and inflammable. The particles were covered with adherent oil, and in a few days melted down into a semi-fluid mass.

Moistened with nitric acid, a bright red reaction (cholesterine) resulted upon the addition of a few drops of ammonia. Dissolved in ether and evaporated, white crystals resulted, with a few drops of olive oil, which had been dissolved by the ether, floating on the surface.

The melted mass was sent to the Curator of the Army Medical Museum, and examined by the chemist. He found by analysis that there was altered cholesterine and cholesterine intact. The quantity was not stated.

There is no doubt in the mind of our contemporary, that the chief constituent of the bodies in question was cholesterine. Assuming that there is no doubt as to the chemical examination, the question arises, Does the large amount of cholesterine indicate that the bodies are biliary calculi or enteroliths? And another question arises, Will not large doses of olive oil bring the same masses away from any one, independent of the fact that the patient has been seized with biliary colic and therefore suspected to have biliary calculi?

If these bodies are not biliary calculi, or enteroliths, (which latter are generally believed to be calculi escaped from the gall-bladder) what can they be? The presence of almost pure cholesterine is not known to exist in any other discharges of the bowels, except the two bodies above mentioned.

It would be easy enough to believe that any person could discharge masses of bodies similar to those in question, if it were not for the presence for such an amount of cholesterine. In olive oil there is hardly more than a trace, and if there is any combination in the intestinal canal between the olive oil and any other substance to form cholesterine, it is not yet known to chemical science.

MALTINE AND MALT (BARLEY) EXTRACTS.—A circular letter before us contains certain statements to which the medical profession cannot be indifferent. This letter is signed by John Carnrick, President of the Maltine Manufacturing Co. Our readers will bear us witness that we are not given to noticing disputes or questions at issue between rival manufacturers. In the present instance, however, the case is one in which the profession is too directly interested to warrant silence on the part of the medical journalist, provided, of course, that Mr. Carnrick's statements are based on facts; our personal acquaintance with that gentleman convinces us that he is extremely cautious as to his acts, and not less circumspect as to his speech. It appears from this circular that certain manufacturers of Extract of Malt have hit on the device of sending out agents, who, provided with apparatus, call on physicians before whom they extol their own manufactures (and correspondingly bring Maltine into disrepute), by demonstrating their possession of a larger percentage of diastase. Many of our readers have been entertained with these experiments, and have, doubtless, been thereby induced to regard Maltine with disfavor. The Maltine Manufacturing Co. has not felt disposed to accept the judgement of these peripatetic chemists as final, and has had analyses made by gentlemen with whom the profession are somewhat more familiar. Accordingly it publishes detailed reports by Prof. William Roberts, M. D., F. R. S., of Owen's Medical College, England; Prof. Albert B. Prescott, M. D., F. C. S., of the University of Michigan; R. H. Chittenden, Professor of Physiological Chemistry in Yale College; R. Dorsey Coale, Ph. D., of the University of Maryland; Prof. Attfield, F. R. S., F. I. S., F. C. S., Professor of Practical Chemistry to Pharmaceutical Society of Great Britain; Walter S. Haines, A. M., M. D., Professor of Chemistry, Pharmacy, and Toxicology in the Rush Medical College; J. Milner Fothergill, of London, England; R. A. Witthaus, Professor of Chemistry in the Universities of Buffalo, Vermont and New York; J. P. Depaire, Professor at the University of Brussels, and other chemists of equal distinction at home and abroad. Singular as it may appear, these analyses, without exception, show results just the reverse of those demonstrated by the distinguished chemists who carry their laboratories with them about the country.

In view of these facts the Maltine Manufacturing Co. submits the following:

"Physicians whose standing may not be questioned, chemists whose reputations are world wide, have advised us by personal communication, that persons have been visiting the medical profession in different cities, and by a system of unreliable experimentation and specious pleading, have endeavored to throw discredit upon Maltine by exalting the high diastatic action of their own preparations.

We beg to enquire of the medical profession if the tests referred to were made from stock purchased in the open market, or in the presence of the physician?

Had the profession any means of knowing whether the Maltine and the Extract of Malt used for these experimens represented a fair specimen of the goods on sale in the drug stores.

The accompanying analyses, made by chemists of the highest professional standing in different parts of the world, are a sufficient answer, not only to the representation of these people, but they show with equal certainty that the simple *iodine* test as manipulated by them is valueless.

It will be remembered that these people made the chemical and digestive experiments themselves; and that they furnished the samples themselves. So many physicians have been misled by this canvass, which at first seemed to be convincing, that we deemed it prudent, for our own protection as well as for the cause of justice and science, to inaugurate a series of extended and elaborate analyses, which we have the honor to submit. We feel this will be sufficient answer to the representations of these people, and settle beyond question the comparative diastatic value of the several Malt preparations.

These tests were made with samples bought by the chemists in open market, and show that the diastatic action of Maltine is at least *one hundred per cent. superior to that of any other preparation of its class.* We ask you, Sir, who may have been influenced by this canvass, to go into open market, buy samples of Maltine, and of the other Extracts of Malt, and then submit them to comparative tests by any reliable method, so that you may arrive at an honest conviction by personal investigation."

While we may admire the enterprise which displays itself in a circulating laboratory, fair-play, as well as common commercial honesty, demands that the reasonable precautions suggested by the Maltine Manufacturing Co. be observed.

SENSATION IN AMPUTATED LIMBS.—Prof. J. B. Bradley, of the Christian University, of Canton, Mo., contributes the following to the February No. of Wilford's Microcosm:

"In Louisiana, Pike Co., Mo., lived a few years ago, a celebrated surgeon, Dr. Bartlett. His son related to me the following:—Dr. Bartlett was very suddenly called upon to amputate the fractured or broken arm of Mr. Stark, sheriff of the county of Pike. The broken arm was nicely amputated, and by the friends buried as is customary in such cases. Mr. Stark complained very much of great pain in the small finger of the buried arm or hand. The Dr. (Bartlett) was called in. He (the Doctor) believed that such suffering might possibly be caused by an improper burial of the amputated part. So he took up the hand (arm), straightened out the little finger, and placing cotton between the fingers; he re-buried the arm very carefully, and there was no more trouble or pain suffered by Mr. Stark. These are the facts in the case. Dr. B. is known as a first-class surgeon, and as a man whose statements are not called in question."

Such a statement will scarcely find credence in the ranks of physicians. The Canada Medical and Surgical Journal, however, is not disposed to set it aside with the shrug of incredulity with which it will be generally received. It make the following lucid comments:

"Professor Bradley, of the Christian University of Canton, Mo., is not the man to state such facts as the above, unless he had quite reliable evidence as to their correctness. We have in former volumes printed several statements of similar facts from re-

liable sources, and have called upon scientific thinkers and investigators for an explanation. If the incorporeal organism in man is a real substantial entity, and the exact counterpart of the physical structure, as Spiritualism teaches, this certainly would suggest an explanation. The amputation of the physical arm does not, according to that view, take away entirely the incorporeal arm whose form remains connected with the living body. Yet it does take enough of such incorporeal arm to retain its form also in the severed limb, and thus keep up a sympathy between the two till decomposition in the buried arm takes place. Who can offer a more rational solution?"

SULPHATE OF COPPER AS AN ANTISEPTIC IN MIDWIFERY.—M. Charpentier (Gaz. hebdom. be méd. et. de chir., N. Y. Medical Journal) recently recently reported to the French Académie de Médicine a series of experiments that he had made with sulphate of copper as a preventive of putrefaction, the results of which had convinced him that, in a solution of one part of the salt in one hundred parts of water, the agent was a trustworthy and harmless antiseptic. He had, therefore, used it as a vaginal and uterine injection at the clinique d'accouchment, where there had been no deaths since the 15th of June, whereas for the preceding six months, in the service of the late Professor Depaul, there had been twelve deaths from septicæmia in three hundred and ninety-seven cases of confinement. This happy change M. Charpentier imputes to the use of the sulphate of copper. He urges in favor of this agent that it is a perfectly safe, very cheap, easily managed, and an instantaneous disinfectant as well as a powerful antiseptic; also, that its astringent and coagulating properties are such that it may, perhaps in the future, take the place of perchloride of iron as a hæmostatic, over which it has the advantage of not clogging wounds. The solution should be used warm, in the strength of one part to one hundred. In a number of cases of large thrombus of the vulva the use of this antiseptic was followed by recovery without the formation of a drop of pus, and in a case of foul abscess of the urethro-vaginal septum, it overcame both the fœtor and the symptoms of putrid infection at once, after carbolic acid had failed.

INOCULABILITY OF CANCER.—Medical Record: Various experiments have been made to determine whether cancer can be transmitted from one individual to another by means of inoculation. These may be divided into four classes: The inoculation of "cancer juice" beneath the skin; injection of cancerous matters into the stomach; injection of the same into the blood-vessels; and the transplantation of cancer by grafting. Experiments made by the first two methods have given negative results, and while in certain cases tumors have been developed after the injection of cancerous matters into the veins, the histological examination has not determined their cancerous nature. Attempts made to transmit cancer from man to the lower animals by grafting have been unsuccessful, and the results obtained by grafting from one animal to another of the same species have been doubtful. It would seem, however, when the recipient of the grafts is already affected with cancer, or predisposed thereto, that it is possible to transmit the disease in this way. In the Revue de Chirurgie for November, 1883, Dr. Nicaise relates a case in which a secondary tumor was developed at a punctured point in a case of sarcoma of the uterus. He concludes, from a study of the various experiments and clinical observations, that the transmissibility of cancer from man to the lower animals, from one animal to another of the same species, is not proven. But in the human species, sarcoma, under certain conditions, is capable of being developed secondarily in the same individual by grafting, and the same is true concerning certain papillary tumors of the ovaries.

COMMON SENSE IN THE LYING-IN ROOM.—The following from an old veteran, who expresses himself in a letter to the Medical Record, sounds a little odd at this particular time, so soon after the discussion before the New York Academy of Medicine. It will, nevertheless, strike many as being very sensible: "My boy," says the old sage, "I am an old man; I have practiced over fifty years, and, as you are aware, have been very successful. In regard to your labor cases, I would give you the following advice: First, as you intend practicing in the city, make a habit of leaving your forceps at your office; for if you ever require them you will always have ample time to send for them, and your not having them with you may save some woman much trouble. Second, do not examine your patient much or often. See that things are right, and then let nature manage the case. Third, instruct your patient when she desires to empty bladder or rectum, to have her night-glass conveniently placed, near the bed in a chair, and, while supporting the abdomen with her hands, to rise carefully from the bed to the stool; and to return in the same way. Her rising will allow all clots, fragments of placenta, etc., to pass from the vagina, and you will be surprised to see how few cases of puerperal fever you will be troubled with. As for its bringing on hemorrhages, that is all bosh. Let your patients keep the outside of their bodies clean, attend to the calls of nature in a common-sense way, and depend upon nature to keep the inside all right, and you will be surprised at your success in this line of practice."

THE METRIC SYSTEM IN ENGLAND.—While the introduction of the Metric System into England is met by an opposition equally determined to that which opposes it in this country, the evidences that it is making headway are unmistakeable. In the course of an article on the subject in the Midland Medical Monthly, Dr. Thomas M. Dolan gave the following reasons for its general use among the nations: "We have now arrived at an epoch when

science tends more and more to become international. The savants of to-day do not work alone for the little corner of earth which gave them birth. Their horizon is enlarged as the intellectual relations between the different countries are facilitated and multiplied, and hence their scientific work is for the common good of humanity. To render more efficacious our scientific system, the methods in use should be as identical as possible. Our forefathers had a common language (Latin) which at the present day would be more embarrassing than useful. There is one simple language common to certain inquiries, viz. the adoption by all countries of a unified system of weights and measures, such as that in present use in France. The international instrument of communication may be easily generalized for there is nothing to create. The Metric System is an accomplished fact, its practical utility and extreme simplicity are acknowledged, and its admirable mechanism might be mastered by any moderately intelligent man in ten hours.

Slacked Lime Inhalation in Diphtheria.—Many who believe in the solvent power of lime on diphtheritic exudation, regard its application in the form of the vapor arising from slacking lime, as the more effectual means. Probably those who apply lime water by means of an atomizer do so rather because of the convenience of this method than because of a belief in its essential superiority. Dr. Louis Kolipinski, resident physician of the children's Hospital, Washington, D. C., declares, however, in the Medical News, that the vapor of slacking lime carries with it no lime and that, therefore, the only benefit attaching to its inhalation is from the steam. He asserts that the vapor responds to none of the calcium tests. Dr. Bernard Persh, Hospital Steward, U. S. A., was surprised at Dr. K.'s statements, tested them and found them to be correct. The vapor from slacking lime passed through a solution of carbonate of sodium caused no white precipitate, and neither did it when passed through a solution of oxalic acid. It appears from this that if other effects than those from the vapor of hot ashes are desired, the inhalation of the steam from slacking lime is not the way to secure them.

Enuresis.—In obstinate cases of this troublesome and sometimes intractable complaint, I have found no treatment gives such favorable results as the passage of a soft, flexible almond-pointed bougie, and the insertion of a suppository of cocoa butter with a sufficient quantity of the watery extract of opium into the rectum at night. The dose of the opium must be regulated by the age of the young patient, and the size of the bougie must, of course, also correspond with the size of the urethra, male or female. Attention should likewise be directed to the character of the urinary secretion, whether acid or alkaline.

R. L. Pinching, M. D.

15 and 18 California street, San Francisco, Cal.

Treatment of Erysipelas.—In Medical Age of March 25, Dr. O'Brien, in giving his treatment of erysipelas, says, 'As a rule irritant applications do more harm than good.' I find it so. My local application is glycerine ℥ j, borax powd. ʒ ii. Mix by heat. Saturate a cotton cloth and cover the part affected. This is all that is necessary, with tonic treatment internally.

J. Cooperider, M. D.

Madison, Ind.

The fact that Congress, with the minimum amount of solicitation, made an appropriation of $50,000 to restrict the spread of the "foot-and-mouth disease" (ergot poisoning), among the cattle of Kansas, is a very practical commentary on the estimate in which cattle and human life is held by the people. Let a disease, (whether fatal or not fatal, matters very little), make its appearance among such animals as are chattels, and at once money is promptly forthcoming to provide for such scientific investigation as may result in eradicating it. Let a disease which numbers vastly more victims (as diphtheria, scarlatina, etc.), make its appearance in a community and how grudgingly is the money necessary for the carrying out of the proper sanitary improvements looking to its eradication, furnished. "The health of the people is the supreme law," is a pretty saying, and true in the abstract, but the practical recognition of the truth of it is difficult to secure among those who are well. $50,000 with which to fight a disease among the cattle of a single state, but the appropriation for the National Board of Health was cut off, and at a time, too, when the threatened invasion of cholera makes the necessity of such work as the Board was engaged in, all the more pressing. Millions for our cattle, but not one cent for the people. Alas that (human) flesh and blood should be so cheap!

In the Age of 10th ult. we gave a synopsis of the mortality statistics of a number of the larger cities of this country, for January last. In this synopsis the death-rate of Detroit is not as low as the superior natural advantages of the city justify our citizens in looking for. Our object in publishing it was to stimulate the authorities in the good work of sanitary reform which is now being agitated here. Sensible men do not bury their heads and thus by closing their eyes to danger, lay the flattering unction to their souls that they avoid it. It is only the ostrich and such men as have, through some mystery of transmigration, become imbued with the ostrich spirit, that are guilty of such folly. In our summary we stated that the death-rate per 1,000 of Detroit, estimated on the basis of January deaths, was 23.6, which is higher than that of any other city in the north, "that of St. Paul, Minn., alone excepted." Our esteemed and enterprising contemporary, the Northwestern Lancet, published at St. Paul, Minn., was sufficiently attracted by our remarks to do us the honor

of transferring them to its pages, but took especial pains to omit the saving clause which we have quoted. Has our e. and e. c. any of the ostrich spirit, or does it regard this misquotation from our pages as a piece of legitimate journalistic business ?

Gaillard's Medical Journal, for April, says: "The MEDICAL AGE furnishes, in a late number, several formulas for giving mercury '*per os.*' This is something new. How is it done?" The fact that the editor of our esteemed contemporary has an "A. M." and also an "LL. D." attached to his patronymic, might seem to render the instruction in the rudiments of Latin grammer, for which he so politely asks, unnecessary. These appendixes do not, however, always indicate that for which they are supposed to be a guarantee. Our erudite brother would write "*per orem.*" This error is exceedingly common in this country, but Masters of Art and Doctors of Law should not perpetuate it by their sanction. "Os" is a noun of the neuter gender, and in the third declension. "Per" is a preposition, and governs the accusative case. Masculine and feminine nouns in this declension change their forms in the accusative (as *bos, bovem; mos, morem; mors, mortem; lex, legem*), but neuter nouns do not. *Per os* is correct, brother, and the fact that it is new to you only goes to prove that there are some minor things which you have overlooked in your strivings for the infinite. We would suggest an elementary Latin grammar. "The book is cheap, and the editor needs one very badly."

The following is either a reflection on the muscular strength with which the biceps of the bear is popularly supposed to be endowed, or it speaks well for the staying qualities of the young ladies of Wisconsin: A girl in that state in attendance at a picnic, wandered some distance into the woods and seated herself on a log, expecting that some one might follow her. After her patience had been put to the test she heard stealthy footsteps approaching from the rear, but in her pout she looked not around, and thus discovered not that a bear was bearing down upon her. Bracing his hind feet against the log, his ursine highness enfolded her in his anterior extremities and hugged her for all he was worth. Dreamily closing her eyes this fair Wisconsin girl murmured: "Is that you, Chawles? Clasp me closer, dear." The disgusted bear dropped her instanter, and precipitately retreated into the forest, where in the seclusion of the deep shade he pined under his humiliation.

Anglomania is a really becoming epidemic. For a considerable time it was confined to the dude element that principally infests our larger Atlantic cities. When it attacked the medical profession the fact that it was found to have been mainly contracted abroad, and was confined to such of its victims as had imported it, sufficed to allay alarm. Latterly, however, it has been noticed to be spreadin , and unless vigorous measures are instituted, it will be idle to predict the extent of its ravages. The latest evidence of its spread we observe in an exchange published full 500 miles from the sea-board. In this journal American contributions to medical literature are apparently systematically ignored, the bulk of its matter being bodily scissored from English journals. There is no valid reason for this ignoring of our home journals. It implies an inferiority on the part of American contributors which is without foundation in fact.

A singular co-incidence connected with the death of Dr. Lunsford P. Yandell, was the following: On the day of its occurrence he related to a brother practitioner the case of a patient to whom he administered a dose of chloral for the relief of a painful affection of the heart. It relieved him for a few moments, but he then fell back in his chair and died. Dr. Y. thought the death was too sudden to have been caused by the chloral. In describing the case he imitated the actions of the dying man, falling back in his chair and throwing his arms about. He was himself subject to angina pectoris and a few hours later had an attack for which he also took a dose of chloral, experiencing a momentary relief from pain, and then,falling back,his spirit went out.

The Medical Times, of London, says : There is no profesion in which there so little temptation to downright lying, and so much temptation to fibbing, as that of medicine. It is so difficult to tell a patient bluntly, "I don't know what is the matter with you," when half a dozen plausible assumptions, any one of which would suffice to save one's reputation and retain the confidence of one's patient, start to the tongue. It is so difficult to say, "Sir, your wife's a drunkard," or, "Madam you have cancer of your right supra-renal capsule, and will be dead in six months," when a little prevarication would be so much easier and pleasanter for all parties.

Has our excellent contemporary, the Sanitarian, forgotten, since it changed from a weekly to a monthly publication, those proverbs crystallized from experience: "Time is money," "Life is short, etc., etc.? A defect of memory is the only valid excuse it could give for its failure to trim its pages. We like to look its contents carefully through, but the pleasure is much marred by the irritation caused by the necessity of cutting the leaves. Now that even the English medical journals have for several years trimmed their edges, the sending out of an uncut journal in this country is an unpardonable relapse into semi-barbarism.

The Zulu treatment of fracture combines in its crude way the essentials of the most scientific methods. A hole is dug in the ground and into this the limb with the ends of the bone placed in proper apposition, is placed. The earth is then carefully returned and a hut is built over the sufferer, who remains there until union is complete. Here we have equable support, rest to the parts and antisepsis, and we are not surprised to learn that the results are excellent.

A French joke: A doctor having bought a lot in the cemetry, consulted a marble-worker in reference to the erection of a family monument. After the details of the bargain were arranged, the artisan complimented the physician on his selection of that particular cemetry. "It is so quiet," he said, "and then monsieur le docteur must know a great many people there."

At Moundsville, W. Va., the wife of Frank Leasure gave birth recently to five children—two boys and three girls. They were perfectly formed and their weights ranged from two ounces up to four pounds. They were all still-born. The truth of this story, which appears in a daily paper, is vouched for by Drs. Reeves and Wilson, of Wheeling, Va.

"Doctor," said the grateful patient, seizing the physician's hand, "I shall never forget that I owe you my life." "You exaggerate," mildly replied the disciple of Æsculapius, "it would be exactly correct to say that you owe me for fifteen visits, and you will please not forget this fact."

A newspaper reports a lecturer on "First Aid to the Injured," as saying that "bleeding from the nose is neither Artillery nor Venus, it is Caterpillary."

Even delirium tremens is now traced to a micrococcus: "the worm of the still."

THE HIP AND ITS DISEASES By V. P. Gibney, A. M. M. D., Professor of Orthopœdic Surgery in the New York Polyclinic; Assistant Surgeon to the Hospital for Ruptured and Crippled; Fellow of the New York Academy of Medicine, etc., etc.
New York: Bermingham & Co., 28 Union Square East

The author has for thirteen years been a resident in the Hospital for the Ruptured and Crippled, an institution which in that time received and treated 2,048 cases of hip-diseases alone, a very large proportion of this number having been under Dr. Gibney's own observation The opportunities for study this afforded, were ample, and in the book before us the principles of treatment are discussed. It considers in regular order the various diseases to which the hip-joint is subject, giving their etiology, pathology and treatment. The chief interest centers round the treatment of chronic, articular ostitis of the hip. The author is a supporter of a modified expectant plan of treatment which he describes, and the reader of the book is struck with the great simplicity of the treatment as he describes it. His object is to secure rest to the diseased joint and relief of pain. To do this apparatus for fixation and traction is necessary, but the intricacy and costliness of the appliances required under the other methods in vogue are avoided. In the hospital in which his observations were made these other methods have also been employed and the results under the various plans are contrasted. Great importance is set on proper constitutional medication.

The views which Dr. Gibney enunciates, and which he ably supports, by the clinical reports of Hospital, will, doubtless, meet with opposition from orthopœdic surgeons, wedded, as these specialists are, we think, peculiarly prone to be, to the particular methods which they have themselves employed. The book is, however, one which no one who has occasion to treat hip-joint disease will feel warranted in failing to read.

The publishers have issued it in good style, as to binding and paper, although the cuts are not of a high grade of artistic merit.

A MANUAL OF MEDICAL JURISPRUDENCE, with special reference to Diseases and Injuries of the Nervous System. By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, etc., etc. With illustrations.
New York: Bermingham & Co., 28 Union Square.

In his brief preface the author declares that "this little book is presented as an elementary treatise, and book of reference for lawyers and doctors. Its scope is limited, for I have considered only those conditions of the nervous system which nowadays are so often the bases of litigation." Its eight chapters are devoted respectively to Insanity, Insanity in its Medico-Legal Relations; Hysteriod Conditions and Feigned Diseases; Epilepsy; Alcoholism; Suicide; Cranial Injuries; and Spinal Injuries. The statemeut of the object of the book and of its contents gives a clear conception of its character. The views of the author on the medico-legal questions discussed, are well supported by the citation of cases from the court records of different states. The physician who has had any experience in the capacity of an expert, will readily appreciate the worth of a practical book of this kind. It will, we have no doubt, meet with the ready sale which its inherent worth merits. Dr. Hamilton has shown himself well qualified for the task which he essayed.

HAND-BOOK OF ECLAMPSIA, or Notes and Cases of Puerperal Convulsions. Comprising all the cases which have occurred during the present century, within a radius of several miles around Avondale, Chester County, Pennsylvania, so far as can be ascertained. By E. Michener, M. D., J. H. Stubbs, M. D., E. Thompson, M. D., R. B. Ewing, M. D., S. Stebbins, M. D.
Philadelphia: F. A. Davis, Att'y, 1217 Filbert St.
Price 75 cents, on receipt of which it will be sent by mail, postage prepaid.

The nature of this 12mo volume of 68 pages is clearly set forth in its title page, which we have reproduced. It is an earnest plea for the lancet in puerperal eclampsia, and insists that the bleeding should be for effect and from a large orifice.

Philadelphia Correspondence.

Dr. S. Weir Mitchell shows clearly that he understands human nature and its weaknesses in a general sense, as well as he does specially in reference to their nervous organizations, and realizing that the best way to arouse the average man's interest in any particular subject is by catering to his stomach, he gave, about a year ago, five thousand dollars to the College of Physicians of Philadelphia, the interest

of which is to be annually expended in giving a social entertainment to the "Fellows." This was a most wise donation, for the ancient and eminently respectable college was in a condition of lethargy somewhat akin to the famous Rip Van Winkle sleep; but when Dr. M. came along with his $5,000 for entertainment, and Dr. DaCosta followed suit with $1,000 as a nucleus for a building fund to enlarge the college and provide adequate quarters for the famous Mütter museum, the *esprit de corps* of the members was touched and now it is proposed to raise by subscription ten thousand dollars for this building fund, and I am happy to say that the proposition bids fair to become a reality.

Dr. Mitchell intends to pass the summer in Europe and I am glad of it, for he commences to look badly and evidences plainly the "wear and tear" about which he has so eloquently written and against which he so wisely preaches and so utterly fails to practice, as far as he himself is concerned. We cannot afford to lose Dr. M.'s valuable services to the profession, and I feel sure that I but utter the sentiments of his brethren everywhere, when I advise him to indulge in more play and less work.

Does it not provoke you when you come across a case that is usually designated "hysteria," and you realize how unsatisfactory is the term, how little definiteness it conveys to our understanding, and how little we know of the true inwardness of the phenomena, which for want of a better understanding, and because we do not know what it is, and yet object on principle, to admit that we do not know what is the matter, we are compelled to call hysteria? I always get mad when I hear anybody talk about either "hysteria" or "malaria," for to my mind they convey nothing, save a confession of ignorance, not necessarily culpable ignorance (because the very best among us freqently use the words), but none the less of ignorance of what really is the matter with the patient. A great field for clinical observation is offered in connection with these peculiar causes that are usually denominated hysterical. A case in point has suggested these remarks. Last Saturday (four days ago as I write), a young Irish girl, who had been noticed to be making her devotions in one of our churches, was found unconscious, and on the floor near her there was about two quarts of clotted blood. She was taken into an adjoining house and still lies there unconscious. There was nothing about her person to identify her, but when the daily papers gave publicity to the occurrence, an officer of a society that takes care of Irish emigrants upon their arrival in this city, recognized her as a young girl who arrived in this city about a year ago, and who had a similar attack of unconsciousness (lasting three days) while an inmate of his house, and the surgeon of the ship, in which she crossed the ocean, told him that she had a similar attack on shipboard. I have seen and carefully examined this girl, and must, as much as I dislike the word, call it a case of hysteria. Her pulse is normal, her temperature natural, and her respiration regular. For four days, not one drop of food or water has passed her lips. She lies generally still and quiet, though occasionally she tosses and throws her head and arms about, on one occasion becoming so violent that it was necessary to give her a hypodermic of morphia, which rapidly and effectually quieted her. Both eyes are drawn to the left, and so far upwards that the pupils are completely concealed beneath the brows. There is no element of catalepsy about the case, for all her limbs are supple and pliable. On the second day of her unconsciousness quite a stream of blood trickled from the left nostril, while this morning, the fourth day, there was some blood on the sheet, whether from the vagina or rectum, it was impossible to determine. To sum up: without any constitutional symptoms, this apparently strong and robust girl has lain unconscious and absolutely insensible to pain, without one iota of nourishment. To-day, I held her nose for some time, with the result of causing her face to become very much suffused and the production of a series of convulsive contractions of the diaphragm, but without eliciting any evidences of consciousness or of shamming. The Irish nervous system seems to me to be formed on a different plan from that of the rest of mankind, or it may be that this persecuted people have so much more to contend with than the majority of persons, but whatever it is, these peculiar nervous phenomena are very common, comparatively speaking among this race, and I say this from actual experience, for I have, in the past, practiced largely among the lower class of Irish, and it is also noteworthy that those who present these nervous aberrations are generally very fine specimens of physical health.

Science is very good in its place, and I have a profound admiration for a scientific enthusiast, but sometimes this zeal is carried too far, as it has been in our own city within a day or two. A little boy with some congenital cardiac deformity, had suffered from birth with cyanosis. The attending physician had exacted a promise from the parents that they would allow him to make a post mortem. The little lad overheard the conversation and begged his mother not to let the doctors cut him open. His plea prevailed and when he died his parents refused the autopsy. The doctor appealed to the coroner, who also refused, when the thirst for science became unquenchable, and the physician declared that he *would* dissect the body, even if he had to steal it. If he does so I would like to be one of a jury to send him to jail. Wouldn't you?

The venerable Dr. S. D. Gross is to receive still another addition to the many honors with which he has been crowned. It will be remembered that in 1872, Oxford University conferred on him the degree of D. C. L.; in 1880 Cambridge honored him with LL. D, and now in April next. at its tercentenary celebration, the University of Edinburgh intends to present him with the degree of Doctor of Laws.

The necessity for a regular system of police sur-

geons in all large cities, who shall be paid for their services, and who can be called whenever their services seem to be indicated, was well illustrated by a case that occurred in this city yesterday. A woman was found senseless on the street, and the officer who picked her up, and the lieutenant in charge at the police station, supposing her to be drunk, thrust her into a cell, where a few hours later she was found dead. Similar cases in England have been found due to acetonæmia, the blood poisoned state of diabetes; and in view of such cases, and many others that will suggest themselves to any one of us, it seems brutal that the task of deciding whether a person is suffering from alcoholic coma or not, should be left to the discrimination of a police officer who knows nothing whatever about medicine. Still further, we know that alcoholic coma can prove fatal, and we also know that it is not good therapeutics simply to thrust any unconscious person into a cell and allow him to remain there alone. A service of police surgeons attached to the various station houses would afford positions that could be filled by young and capable men, who would thus be enabled to live while waiting for practice. We are away behind the European countries in the number of paying positions that can be filled by physicians, and yet we have more physicians, in proportion to population, than any country in the world. It is our own fault that these remunerative offices do not exist. If, for instance, a certain county medical society should officially recommend the establishment of certain positions, and should appoint a committee of energetic men to secure such legislation, they could accomplish it by perseverance, by keeping at the law-makers until they are compelled, in defence, to acquiesce in the demands upon them. The majority of the legislators, city, state and national, have axes of some kind to grind, I do not care how honest and conscientious they may be; and it is by making it worth their while to create these various positions, only, that we can hope to see them realized. Unfortunately the majority of the physicians take very little interest in the affairs of the world outside of their limited professional sphere; but, that this is wrong, we must admit. The old, eminent, and established men owe it to the memory of their early struggles and trials, if to nothing else, to use their positions and influence to secure some assistance for their young and struggling brethren, who, unless aided, will in many instances be compelled to abandon the profession and seek elsewhere for that sustenance, denied to them in their chosen work, by which defection, oftentimes, men of unusual genius and talents are lost to scientific medicine, and the upward progress of our science is doomed to many halts and embarrassments. The old men ought to help the young. There are altogether too few pay positions in this country for young doctors.

With the Jefferson Medical College will always be associated, at least in memory, the names of Pancoast and Gross, though I very much fear that with the present generation, the actual presence of teachers with these names in the chair will die out, for neither of the present incumbents have sons in training for chairs, as they themselves were during the incumbency of their distinguished fathers. "Bill" Pancoast, as he is familiarly called, is a most cordial and approachable man; last night I saw him in our Academy of Music at the lecture on the "Passion Play" of Ober-Ammergau (which, by the way, you ought not to miss hearing, if John L. Stoddard ever delivers it in your city), and as I looked around upon the twenty-five hundred men and women there assembled, I failed to see a single man who presented the handsome physique of Professor Pancoast. He is certainly an exceedingly fine-looking man, and, what is more to his credit, he is one of the neatest operators about the delicate eye, that I have ever seen. Sam. Gross is a rough diamond; able, and smart, and brilliant, undoubtedly he is, but he is awfully independent and regardless of conventionalities to a degree that is exceedingly unusual. Coming into the college one morning, he greeted his venerable father with "Good morning Dad, how are you?" In the deep, guttural tones so familiar to those who have heard the old gentleman lecture, the answer came back: "Don't call me *Dad*, call me father." Well, said *Sam*, "The top of the morning to you, Professor Gross, how does that suit you? d—n you!" Is it not singular how plain and outspoken the leaders of our profession often are.

Have you heard about the old lady, who having reached the age of ninety years, died. On opening her will, it was found that she had bequeathed to her physician "to whose enlightened care and wise prescriptions" she owed her long life, "All that is contained in an old oak chest in her boudoir, the key to which could be found under the mattress of her bed." Fancy the feelings of the doctor, when he discovered, instead of the expected fortune, all the drugs and potions, still intact, which he had prescribed for the old lady for many years back.

Vale. J. F. E.

The Family Physician.*

BY HENRY M. CHEEVER, ESQ., DETROIT, MICH.

We are nearly all doctors here, since it is said that every man after he passes thirty is either a physician or a fool; and, looking about me, I perceive that those who are under thirty came into the profession in the regular way, and, I was about to say, I do not see any fools. So what I say is in the family and no offence can be taken.

I have often thought when traveling and stopping at a strange hotel at night, what a dreadful thing it would be to be taken sick and no doctor there; but

* Response to a toast proposed at the banquet given by the faculty and alumni of the Detroit Medical College, February 29th, 1884. Reported stenographically, and published by request of physicians present on the occasion.

as I have been looking about here this evening, and seeing nearly three hundred doctors, it has occurred to me that it would be far more dreadful to be taken sick here. But what a blessed relief it must be to-night for those outside this room.

I am requested to respond to the toast of the "Family Physician," and although it is always understood that one may say as little about the subject matter of the toast as he chooses, I venture to break the rule and to enquire, what is a doctor, anyhow? Voltaire says: "He is one who pours drugs of which he knows little, into a body of which he knows less." Swift says: "Apollo was the god of physic and the sender of diseases. Both were originally of the same trade and still continue so." Chesterfield puts in the mouth of one of his characters this description: "The best doctor is a horse, and the best apothecary an ass." But this would be rather hard upon the druggists of Detroit and might interfere with the division of the percentage. Then comes Ovid who says: "Time is the best doctor."

Well, when all these writers differ, who shall say what a doctor is? Is it not true, as Magendie says, that in the actual condition of medical science, the physician often plays the part of simple spectator of the sad episodes which his profession furnish him?

But it is rather of the man as he enters the family in the discharge of his duty, than of the professional scientist, that I am to speak. The family physician, while from humanity's standpoint exercising the noblest mission known to his art, from a professional point of view has the humblest. He must to a great extent sink ambition, and become the friend, tender, loving, gentle. The young practitioner must think little of present fame, and less of future. In his daily round he cannot make for himself a great name; but he can make what is far better—a noble life. If he is a conscientious worker, even the drudgery of his professional life will become divine. As quaint George Herbert said:

> "A servant with this clause
> Makes drudgery divine,
> Who sweeps a room, as for thy law
> Makes that, and th' action fine."

His labors are in the home, and this beautifies, nay, sanctifies them. Believe me, my young professional brother, it is better thus to labor than to win proud triumphs in the hot and dusty arena of life before its applauding crowds. He enters the home as no other profession does. This alone is a privilege.

What is this home? It is the object of man's labor; the altar of his love. It is the supreme desire of nine-tenths of the civilized human beings of the world. Go back even to the ashes of Pompeii, and, brushing them aside, what story do you read? Of temples and viaducts, it is true; but the story of its home-life is far more touching.

Home is only possible where there is a belief in the virtue of woman. A Tarquin could invade a home; but a people did destroy a Tarquin. The home is potential. It invites marriage and speaks of happiness. It awakens the intellect and touches the heart. It broadens life, stimulates action, teaches man unselfishness and tenderness. It preserves purity of life and feeling.

Man looks upon the pyramids, at the temples of ancient Egypt, and its massive architecture from Thebes to Memphis; but all his skill and power avail only to bring across the sea a single monolith to tell what all these things are like. It stands in Central Park,—forty centuries looking down upon one hundred years. But when man digs away the debris from Herculaneum and reveals the homes of its people, the marble baths, the sumptuous dining halls, the luxurious bed-chamber, he need not bring it to us that we may know it. It was a home; unlike, it may be, any of ours, but still a home. The word is enough. It has been said that Adam found in Paradise a home; and that all his good descendants have ever since found in home a paradise. And into this circle, surrounding like a bulwark the holiest of earth's treasures, the family physician comes, a welcome guest.

He comes and what does it teach him? It has been said that the experience of a physician tends to a disbelief in immortality. True, he sees that subtle thing we call life, go out before him like a candle. He sees that the fiat of death is inevitable; that there is no appeal from the great physical doom. And, stopping here, he might well ask: Is this all? But he sees also the Christian die, calmly as a summer sunset. He sees him gathering up the tangled threads of his life in his hand, and going out alone, into the darkness, for God to unravel them, and he cannot be an unbeliever. He must know that birth is the imprisonment; and death the release, of an immortal soul. In the beautiful drama of Ion, when he is about to yield his life a sacrifice to fate, he is asked by his loved Clemantha if they shall meet again, and he replies: "I have asked that dreadful question of the hills that look eternal, of the clear streams that flow forever, of the stars. * * * * But all are dumb. But as I gaze upon thy face, I feel that there is something in love that mantles through its beauty, that cannot wholly perish. We *shall* meet again, Clemantha." So when the physician sees through the look of pain the love of a husband or wife who are separating at the river—a look that seems like a glint from heaven, he knows they will meet again.

He enters that home circle, and upon what a mission! Of all persons the family physician alone enters the holy of holies of the home, like a great high priest of nature. He is admitted to the bed-chamber by the young wife, from which chamber all others are excluded, save him to whom she has first yielded herself. He comes to the young mother in that supreme hour of her life—

> "When she feels for the first time her first born's breath."

And he comes again another day, when she holds her boy in her arms, when—

"Still she keeps rocking him,
Ever caressing him,
* * * * * * *
Rocking the clay of him,
While softly the soul of him
Angels are rocking far up in the sky."

He comes often when the horizon of love is touching the dim unknown; and hearts are lightened at his coming. He enters where griefs are, with which a stranger may not intermeddle. Yes, the family physician has a noble mission.

How then shall he fulfill it? He should be wise without pedantry; prudent without weakness; gentle without timidity. He should be true and sympathetic, ministering from pure motives. His duties may be onerous, monotonous, even wearisome; but, as has been beautifully said: "One does not walk the treadmill of his life in vain, when he grinds into bags that wax not old on the other side."

Detroit Medical and Library Association.

FEBRUARY 18, 1884.

Gastrotomy for Relief of Intussusception.—Dr. Carstens reported a case of a child, constipated and vomiting for six days previous to his seeing him. The child had been treated with physic and injections by other physicians, but to no purpose. He advocated operation, having diagnosed intussusception, as a long hard swelling could be felt at the junction of the transverse and descending colon. The parents objected; tried gas generated from tartaric acid and bicarbonate of soda, but unsuccessfully. No nourishment was retained but whisky and water, and sometimes a little gruel. Finally under ether an incision was made from the umbilicus down, but it was impossible to get the bowel back on account of the number and strength of the adhesions. The patient died. The doctor believed in operating right off in those cases; people were inclined to wait too long.

Dr. Babcock had successfully treated a case diagnosed as intussusception in a child, with drop doses of laudanum every five minutes till the child was thoroughly narcotized, and injections of water and milk every half hour kept up for twenty-four hours.

Dr. Inglis, referring to immediate operation, believed Dr. Carstens was on the right track if one were certain of his diagnosis.

Dr. Jennings: In some cases spontaneous recovery has occurred with sloughing off and discharge of the invaginated portion of intestine.

Diphtheria.—Dr. Hoyt reported incessant vomiting as one of the sequela in a case of diphtheria.

Dr. Jennings had had five cases of diphtheria in three weeks, four of the five invading the larynx; one in an adult with recovery.

Dr. Hoyt had recently under treatment a family where two of the children had follicular pharyngitis, and two genuine diphtheria.

Dr. Shurly: It is often difficult to distingusih between membranous sore throat and diphtheria. Clinically speaking, the diseases were identical. He thought it was the duty of the physician to give the community the benefit of the doubt.

A Speedily Fatal Case of Diabetes.—Dr. Inglis reported a case of diabetes running a rapid course—five weeks from first complaining to death. The patient lost flesh at the rate of from one to two pounds daily. He first consulted the doctor for an intolerable thirst, supposing that he was suffering from fever. The patient five years previously had had a sunstroke with severe headache several times since. In other respects was always healthy, with a magnificient physique. The patient suffered no pain and had a remarkably slow pulse. Age forty-one. No treatment seemed to particularly influence the course of the disease.

Dr. Jennings referred to a case of diabetes in a school girl which he had previously reported. The disease was treated but with no influence over its course, with codeia, ergot, bromide of potash, etc. The patient died in eight weeks.

Dr. Shurly thought one form of the disease was from brain trouble, either the result of softening or tubercular deposit, and was looking for the verification of this opinion in some post-mortem. Another form was simply dietetic and still another malarial. We ought to regard the appearance of sugar as simply symptomatic. He would treat a case with perfect rest to the nervous system, seclusion in a dark room, ice to the head and give large quantities of codeia or morphia. This treatment would be more rational than bran mashes.

Dr. A. F. Hoke read the following report of two cases of

Irregular Contraction During the Third Stage of Labor:—Cazeaux admits four distinct varieties of irregular or spasmodic contraction of the uterus; 1st, of the external orifice of the neck: 2d, that of its internal orifice; 3d, that of one or more portions of the body of the uterus; and 4th, spasmodic contractions of the whole uterus. The first is considered of little importance, as the constriction is easily broken up. The third and fourth are considered by most observers of rare occurrence, and, it is said, are usually found in the practice of beginners.

I do not design in this short paper to enter into a minute or detailed description of these different forms of irregular contractions, but simply to report two cases of the second variety which came under my personal observation:

Nov. 17, 1883, was called by Dr. Kaiser to see Mrs. B., aged 32, multipara, who had been delivered of a male child four hours previously, by a midwife. We found, on my arrival, that she had flowed quite profusely, but that the flooding had now ceased. On making palpation, found the uterus extended slightly above the umbilicus, soft, flabby and ending in a slight constriction just above the pubis. Making a vaginal examination I found on following up the cord that the hand passed readily through what

seemed four or five inches of soft and flabby cervix, but on reaching the internal os one could readily find, what was evident from the external contour of uterus, a firm constriction at the internal os. Pushing the index finger through the constriction I found the cord nearly separated at its junction with the placenta. Dr. K. administered chloroform to profound anæsthesia, when I broke up the stricture in the usual way, *i. e.*, by first introducing the index, then the middle finger, and so on until I was able to pass my whole hand to the fundus. The placenta was only partially separated, but the pressure of the hand in the uterus supplemented by the external pressure of the other hand over the fundus, brought on a strong pain which separated the remainder and forced both hand and placenta from the uterus. But little blood was lost, and patient made a good recovery.

Dec. 4, was called by a midwife to see Mrs. R., multipara, who had been delivered of her fourth child three hours previously. I found on palpation the same condition as in case No. I, but found on vaginal examination that the cord and a small portion of placenta were torn entirely away. Found same condition of long flabby neck, and protruding through the stricture at interval os, a small portion of placenta. Gave chloroform dilated stricture as in preceding case, and found placenta entirely separated and about a pint of clotted blood above the stricture, which was removed. Firm contraction followed, and patient made a good recovery.

The causes of these irregular contractions, as enumerated by authorities, are various. Among many, predisposition in the uterus itself, improper manipulation, pulling at the cord, abuse of stimulating remedies, particularly ergot, may be mentioned. In the cases reported I have no doubt it was due to defective management of the third stage. The midwives in charge, as from my observation is their custom, tried to complete the labor by strong traction on the cord. Traction not made in the direction of the axis of the superior strait is not very effective in delivering a placenta, even one that is detached, but one can easily conceive how pulling at the cord in the direction of the axis of the outlet, when the placenta is in the fundus irritates the internal os, stimulating it to contraction, while the rest of uterus remains in a state of inertia. Crede's method (excluding, of course, predisposition) would in all probability have prevented the accident in both cases.

As Playfair aptly says "If placental expression were always employed, if it were the rule to effect expulsion by expression, instead of traction at the cord, I feel confident these irregular contractions, of the influence of which in producing hemorrhage there can be no question, would rarely, if ever, be met with."

Dr. Carstens had had only one case of hour-glass contraction and believed that the Dr. was right when he said it was owing to neglect in the third stage of labor. When the child is born stick to the uterus and compress it during the pains till the placenta is expelled, making but little traction on the cord.

Dr. Flinterman believed that most cases of retained placenta depended on a contracted pelvis. One patient he knew of always had a normal labor until the child was born, and then the uterus would contract, retaining the placenta, and followed by considerably hemorrhage, requiring its immediate removal by hand.

Removal of Placenta—Dr. Bonning.—In the Lying-in Hospital, in Strasburgh, it is the custom to let the placenta come away by itself. In 90 per cent. of cases it would come away in half an hour. Out of three hundred cases there was only one of past partum hemorrhage, and he had not seen there a retained placenta or hour-glass contraction.

Dr. Utter followed the method advocated by Dr. Carstens.

Dr. Warner: Usually where the case required, introduced the hand and gave a little twist, bringing the placenta away. Had never but once had a case of hour glass contraction.

Dr. Deuel followed the same plan.

Dr. L. H. Johnson's practice was similar to Dr. Carstens, sometimes introducing the hand as Dr Warner did. Had no bad results from such a method.

Dr. Jamieson always made pretty firm pressure over the womb while the head was clearing the vulva.

Dr. Carstens believed that hour-glass contractions were often the result of injudicious exhibition of ergot by midwives and others.

Under the head of prevailing diseases Dr. Jennings reported a case of cerebro-spinal meningitis, Dr. Johnson a number of cases of whooping cough, Dr. Deuel, tonsillitis, and Dr. Hoke, measles.

Dr. Hoyt: In cases of podalic version as soon as he could bring the body forward, delivered the head with the forceps. He inquired the usual practice.

Dr. Carstens kept the uterus firmly compressed and delivered quickly with the forceps, as soon as the child's head engaged. Dr. Hoke in addition to pulling down on the face, pushed up on the occiput. There was not much trouble in a breech presentation.

In view of the excessive mortality from whooping-cough in London for some time past, the Medical Times suggests the establishment of "Whooping-cough hospitals," in which the temperature may be rigidly kept like that of a southern health-resort. Such hospitals would also secure a certain degree of isolation, and thus prevent the spread of the disease.

The Medical Age.

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Michigan State Board of Health.—The annual meeting of the State Board of Health was held at its office in Lansing, April 8, 1884.

The members present were President Avery, Drs. Lyster, Hazlewood, Vaughn, Tyler, and Secretary Baker.

Reports of the sanitary condition of the Wayne County poorhouse and asylum, and of the Barry County jail were made by the committee who examined these institutions, and these reports were ordered printed.

Dr. Vaughn read a paper prepared by Dr. C. P. Pengra, which gave results of investigations relative to the purification of water by freezing. As a result of a series of elaborate experiments conducted in the University laboratory, Dr. Pengra found that, contrary to the general impression, freezing does not render water perfectly pure. Ordinarily he found less infusoria and bacteria in ice than in the water from which it was frozen, but the ice contained them in numbers sufficient to preclude its use. In harvesting ice the greatest care should be taken to get it from a pure source. This valuable paper will be published in the report of the board.

The Secretary presented a summary compiled from lists of medical practitioners, registered under the new law. The number of counties in the State is 80; from 76 of which reports have been received. The number of registrations returned is 3,285, but in some cases physicians are registered in two or more counties. The number reported to have graduated is 2,351; those who had attended some college but had not graduated, 208; those who had attended no college, 726. The number, belonging to all schools, reported as having graduated is 71 per cent. of the whole number; the non-graduated collegiates are 6 per cent., and the non-collegiates are 22 per cent. of the whole number. The "graduates" are from all classes of medical colleges, hospitals, medical societies, etc. The number of different "schools" of medicine reported in these sworn statements is about 75, including "Cureopathic," "Indian," etc. In at least one instance it is reported that the sworn statement had to be signed by a "mark," the practitioner being unable to write even his own name. The number registered as belonging to the four most prominent schools of medicine are as follows: Regular, 1,533; Homeopathic, 490; Allopathic, 398; Eclectic, 366. The proportion of graduates to practitioners is: Regular, 87 per cent; Homeopathic, 74 per cent; Allopathic, 81 per cent; Eclectic, 47 per cent. (Of all schools, as above stated, the per cent. is 72.)

It was decided to print the names and addresses of the health officers in Michigan as soon as full returns are received. The number in the State is nearly 1,400. A new edition of the document on the prevention and restriction of scarlet fever was ordered, the last edition of 30,000 copies being nearly exhausted. It was also decided to publish facts relative to several outbreaks of trichiniasis in Michigan.

The following resolutions were unanimously adopted:

Resolved: That this Michigan State Board of Health respectfully and earnestly memorialize Congress to pass the bill introduced into the House of Representatives January 8, 1884, by the Hon. Casey Young, or of some similar bill, providing for the prevention of the introduction of infectious diseases into the United States, and for procuring information relating to climatic and other conditions affecting the public health.

Resolved: That we consider the National Board of Health the best existing and the proper agency to

carry on the work mentioned in the preceding resolution.

The Board discussed the merits of several text books on physiology and hygiene with special reference to the effects of alcohol on the human system, and approved for use in the schools: Martin's "Human Body," briefer course, second edition, containtng special chapter on alchohol and other narcotics; and Dr. Eli F. Brown's "Alcohol: Its effects on Body and Mind."

The amount of office work during the quarter has been large and has included: the perfecting of arrangements for holding a Sanitary Convention at Hillsdale; preparation of the proceedings of the Ionia Sanitary Convention for the printer; the making of a compilation of the public-health laws of Michigan; proof-reading on 96 pages of the Annual Report; issuing blanks for the return of the new health officers in each city, village and township in Michigan; issuing the regular weekly bulletins of meteorology and of sickness in Michigan; the correspondence of the office (postals are not usually copied) covering 750 pages of letter copying-book, of which over 150 pages have direct reference to the prevention and restriction of communicable diseases in Michigan; and the regular computations of data relating to meteorology and sickness.

Dandruff: What it is, and How to Cure it.—Dr. George T. Jackson, Clinical Assistant to Chair of Dermatology, College of Physicians and Surgeons, New York, contributes an artical under the above heading to the Medical Record of the 19th inst. The term dandruff, he says, is loosely applied to several, at least four, affections of the scalp: pityriasis simplex, seborrhœa sicca, eczema erythematosum or squamosum, and psoriasis. Probably also a fifth disease, trichophytosis capitis, has been included. Properly speaking the term should include only the first two. Seborrhœa sicca is a functional disease of the sebaceous glands and the dandruff is the accumulation of the desiccated hypersecretion. Pityriasis simplex is essentially an interference with the cornification of the upper cell-layers of the skin, causing instead of the normally stratum corneum, constant shaling off of the imperfectly formed epithelial scales. These scales are fine, easily detached and do not pile up into crusts. When rubbed between the finger and thumb they do not impart the unctuous feeling caused by those of seborrhœa sicca. Pruritus is more common also than in the latter affection. Dandruff is often the fore-runner of baldness. While it may be due to a strumous diathesis, chronic debilitative disease, as rheumatism, syphilis, phthisis and the like, or to parturition, dyspepsia, constipation, etc., there is frequently no cause to which it is traceable. Worry, overwork, mental or nervous strain and the like are occasional etiological factors, and improper care of the scalp, the use of "hair tonics" and hair dyes are frequent causes. Pityriasis simplex has been proven to be contagious.

By way of treatment a good deal may be done in prophylaxis. The hair should be well brushed with a brush made of bristles well set in the back. Two brushes, one stiff and the other soft, are advisable, the first to be used to warm up the scalp by sharp friction, after which the other. The fine-toothed comb should be banished from the toilet table. A large smooth-toothed comb, should be used to open up the hair in all directions. The stiff brush should be used only once a day—in the morning. The soft brush should be used during the day.

Do not wash the head too much. Daily sousing is objectionable, but the insufficient after-care is worse. Water renders the hair dry, and the daily sousing only washes the head superficially. A good shampoo every week or ten days for those persons exposed to a good deal of dust, and every two or three weeks for other people, is sufficient for cleanliness. For the shampoo, soap and water, borax and water, or one composed of the yolk of an egg beaten up in lime-water, are all simple and good, but it must not be forgotten to wash out these materials with plenty of clean water and to thoroughly dry the hair and scalp.

None of the hair "tonics," pomades, washes, and dyes are needed by the healthy scalp, and the proper care of the scalp as above indicated will preserve the hair in better condition than they will.

Dr. Jackson enumerates a long list of substances which have long been employed in the care of dandruff, but has been led by experience to place his reliance upon sulphur and the mercurials, and would advise the following plan of local treatment: If the case presents itself with a decided accumulation of scales, or if crusts be present, direct the patient to soak his head in oil, preferably sweet almond oil, before going to bed, and to place over his head a flannel cloth soaked in the oil, and outside of all an oiled-silk cap. The next morning he should shampoo his head thoroughly with soap and water, using by preference the tincture of green soap, and wash out the soap with plenty of water. The scalp is then to be dried by vigorous rubbing with a coarse towel, and the hair by pulling it through a soft towel. If the crusts by this method are not completely removed, the oil should be kept on during the day, the head again soaked at night and washed with the soap and water in the morning. If the scalp should appear very hyperæmic after the crusts are removed, anoint the head with vaseline or some simple ointment, as rose ointment, until the hyperæmia is lessened. When the crusts are removed and the hyperæmia overcome, have an ointment composed of one drachm of sulphur loti to one ounce of vaseline applied to the scalp. If the scales form rapidly apply the oil every night and the sulphur every morning, and wash the head every second or third day. As soon as scaling is lessened stop the oil, but continue the ointment, at first using it every second morning, then gradually reducing its application to once a week. Throughout this plan of treatment the head should be shampooed

about once a week with the tincture of green soap, borax and water, or the yolks of three eggs beaten up in one pint of lime-water, to which a half ounce of alcohol is added. Another excellent ointment for these cases is made after the formula of Prof. Bronson, of the New York Polyclinic, as follows:

℞ Hydrarg. ammon..... gr. xx.
Hydrarg. chlor. mitis..... gr. xj.
Petrolati..... ℥ j.
M.

This applied once or twice a day has yielded most admirable results in a number of cases of simple dandruff. Its consistency being that of Mayonaise dressing renders it an excellent pomade for private practice. Its use should be combined with the occasional shampoo as directed above.

The persistent and systematic use of either of these two plans of treatment, together with a proper oversight over the general health, should cure every case of dandruff. But we should be prepared for occasional relapses, and not give our patients promise of too speedy a cure.

The American Medical Association.—The 35th annual meeting of the American Medical Association will convene at Washington, D. C., on Tuesday, the 6th prox., and will continue in session four days. It has been customary on the eve of the annual meeting of the Association for the medical press to volunteer some remarks, having a bearing on the methods governing its transaction of business, etc. Of late years the remarks have savored more of criticism than of congratulations, and the secession of New York may be regarded rather as the culmination of a feeling of dissatisfaction with the general conduct of the Association, than as an emeute generated by any particular provision or restriction of the Code of Ethics. Unfortunately, those who have directed attention to matters that might be improved, have been regarded as enemies of the Association, and any influence which their remarks might otherwise have carried, has thus been nullified, for the criticism of an enemy is not apt to result in the correction of an evil which may be even undisputed. This is human nature, and it shows itself in Associations and out of them. In lieu of our annual remarks on this subject we shall, therefore, content ourselves with a reference to the criticism of a contemporary (the Medical News, of Philadelphia,) whose fealty has never yet been called in question, who has, indeed, done yeoman's, service in fighting the "enemies" of the Association. While this ardent friend has called attention to but one of the several evils which exist, perhaps the fact that Brutus has discovered this one may have the effect of stimulating the Association, or rather, those who have held the reins therein, to a little introspection. If it shall take kindly to this criticism the fact will be heralded as a good omen, and another year will not fail to furnish abundance of smoking material for the Association to put in its pipe.

The News declares that the Assocation must, in order "to attain its greatest scope of usefulness, have the hearty sympathy and faithful coöperation of the whole profession; it must bind to it, not alienate from it, the workers in the ranks." It says it is notorious that there has been of late much dissatisfaction with the results of the work of the Committe on Nominations, especially in regard to the selection of officers of sections. "Some of the scenes of solicitation, personal and persistent that transpire at each meeting of the Association make one blush for the modesty and humility of the profession." "The Nominating Committee is a large unwieldy organization. From the number of offices to be filled, and because of the number of aspirants for office, an opportunity is given for combinations, for bargains, for that which is known among politicians as 'log-rolling'—an opportunity which, judging by results, is rarely neglected." These results are stated to be the election of gentlemen to positions for which they have given no evidence of fitness, and who are utterly unknown, for good or evil, for learning or ignorance. As a means of correcting this abuse it is suggested to refer the election of officers of section, to the sections themselves, and thus relieve the nominating committee of their weighty responsibility.

No one who has any familiarity with the working of the Association will have failed to note the evils to which our contemporary refers. The plan of electing which it suggests might possibly correct the abuse. It should, however, not be forgotten that the sections are composed of the same men who make up the general meeting, and that the methods which are decried are quite capable of being transferred. The evil is, in our opinion, too inherent to be eradicated by any such superficial treatment. The Association is dominated by a minority of shrewd, "genial" gentlemen whose natural ability to manipulate has been improved by an experience, both in ward meetings and at the meetings of the Association, which dates from a time when the great majority of the members of the Association were in their swaddling clothes. The younger men who do not affiliate with these fathers in Israel are disposed of after a fashion which these fathers know well how to apply—they are "sat down on," in the expressive vocabulary of recent times. If these younger men, the real workers, were to organize to offset the influence of the "fathers" the first step would be taken towards a reform which would last for some years.

Sulphur as a Disinfectant in Obstetric Cases (Dr. Toporski, Centralblatt f. Gynäk., t. IX., 1883).—Sulphur has been used by M. Tarnier in obstetric practice at the Paris Maternité for upwards of two years, and with the best results. In Germany the new antiseptic is beginning to displace phenic acid and seems to be perfectly satisfactory to those obstetricians who have tested it. The article of M. Toporski giving the mode of using this agent and the results obtained at the Breslau

Maternity, is very explicit and conclusive. The powdered sulphur is kept ready for use in packages of 12 grammes (ʒ iij). In using it the contents of a package is dissolved in a small quantity of warm water and alcohol; this concentrated solution is then poured into vases, of which one is placed in each ward, containing 12 litres (3 gallons) of water. In the operating-room there are two of them. Every woman in labor, both before and after each examination, receives a vaginal injection of this fluid, and the same solution is used for the vaginal and uterine injections of all the lying-in women. The solution must be kept so weak that no sensation of burning is caused. About 1 in 2000 is strong enough. For uterine injections a tube in the form of an S is used; it should be made of strong glass, pierced with many holes for about 10 centimetres (4 inches) from one end. The diameter of the canal should be 7 millimetres (¼ inch). To facilitate the return of the liquid from the uterine cavity into the interior of the glass, the latter should be made wet superiorly, interiorly and laterally, so that the liquid in the uterine cavity may easily find its way of exit. The results of the use of sulphur solutions are shown by comparison of the six months (including the summer) of 1882, with the same period in 1883. In 1882 the women remained in the hospital 11.37 days after their confinement, while in 1883 their average stay was but 8.9 days. In the former year phenic acid was used and in the latter sulphur. In 1882 the mortality was 15.27 per cent., and in 1883 it was only 7.5 per cent. In each of these periods of six months a woman died of puerperal septicæmia caused, in 1883, by the negligence of a student who had been treating suppurating wounds and had not afterward used disinfecting precautions. In 1882 the 21 patients under our care averaged 20.75 days in the hospital, whilst in 1883 our 8 patients stayed but 13.37 days after their accouchement. In one case there remained in the genital canal a considerable portion of the membranes, and in 7 other cases there were certain retentions, though these were of less importance. The use of sulphur with each of these women prevented the appearance of fever, which is the rule in these cases. The therapeutic treatment was as follows: A ligature was placed upon that portion of the membranes which presented at the entrance of the vagina, and a section made just below the ligature. This little operation was performed twice a day. A new portion of the membrane was thus resected nearly as rapidly as the uterus expelled it. On each of the two occasions an injection was made with the sulphur solution, after which the vulva was covered with a compress soaked in the same solution. The compress should be renewed every half hour. When, just before leaving the hospital, the membranes were not completely expelled, they were brought down with a light degree of traction and an intra-uterine injection of sulphur-made at the back of them.

[The above is copied from Bulletin Génerale de Therapeutique, by the New York Medical Abstract. Doubtless the main facts, as stated are true, and contain valuable suggestions, but there is evidently a mistake, (traceable probably to the translator) in the name of the disinfectant as given. Sulphur is insoluble in water, and also in alcohol, and probably one of its soluble compounds, as sulphurated potassa, is intended. ED. MED. AGE.]

THE DANGERS OF ATHLETIC SPORTS.—The season for out-door sports is again almost here and soon the pent up energy of youth will be seeking escape in the various games in which the muscular endurance, breathing capacity and cardiac power of the participants are put to the test. The instinct, or unreasoning prompting, of human nature approves of these games, and the physiologist sees in them one of the provisions of nature for developing the frame and conducing to the most harmonious working of the system. Mere exercise is not all that is required to secure these ends. If it were the slave class or those who are driven through necessity to do uncongenial manual labor, would furnish our best types of manhood. Exercise to be of its highest value must be voluntary and undertaken with a zest. The ordinary field and other varieties of athletic exercise furnish these conditions, and we look to the outcome which they furnish, for the best specimens of physical developement. These forms of exercise, like all the other agencies which in their proper working result in the greatest good, are capable of an abuse which converts them from benefits to injuries. It is one of the missions of the physician in society to prevent such abuse, or at least to warn those addicted to it of the dangers to which they expose themselves. Youth is peculiarly prone to excess, and the excesses of which it is guilty in the matter of games, are productive of physical injuries of a much more serious nature than the public are either aware of or disposed to concede. In the last volume of the AGE we took occasion to denounce as unfitted because of the violence of the exercise, the game of lacrosse which has for several years been struggling for recognition among the field sports of this country. Our remarks were severely criticized by an enthusiastic champion of the game in this city, whose arguments were, however, we trust, too largely of a sentimental and too little of a factual nature to affect objections based on physiological laws. The counterpart of this savage game in England is foot-ball, and the evils which are reported as attendant on the latter and which are arousing the attention of the profession there, are precisely such as are inseparable from lacrosse and all other games of like violent nature indulged in by players of the sedentary habits of the average individual in civilized society. But deplorable as are the immediate and visible injuries, fractures and contusions, which result fron these games they are of minor importance when contrasted with those which are scarcely suspected at first but which are the incipiency of effects which are destined to

render miserable and to eventually curtail the individual's life.

A significant circumstance connected with these violent games is the fact that the Northern Accident Insurance Co., of England, has refused to renew its present policies covering risks on the game of foot-ball and on bicycling. These risks are declared to be so great that the ordinary premium would not cover them. This experience of a large insurance company, corroborative as it is of deductions from physical laws, is more convincing than the claims made by enthusiastic participants in those games, the excitement of which blinds to their dangers.

We are enthusiastically in favor of virile games, but sight should not be lost of the object of such games. The object is to develope the body, and any game which cannot be played without effort which a body not fitted therefor cannot make without injury, should be tabooed.

The Best Time for Administering Medicines.—Before or after meals? Such is the question often asked of the doctor, but the answer is not always ready. The Midland Medical Miscellany answers it as follows: Medicines that are irritating should be given after meals, when the stomach is full, viz.: the salts of copper, zinc, iron and arsenic, in large doses. Small doses, intended to act on the stomach terminals of the vagi, must be given when the organ is empty. Chemical reasons also have their influence, thus, oxide and nitrate of silver, intended for local action, should appear in the stomach during its period of inactivity, lest, at other times, chemical reactions destroy the special attributes for which these remedies are prescribed. Iodine and the iodides further illustrate this point. Given on an empty stomach they promptly diffuse into the blood, but if digestion is going on, the acids and starch form products of inferior activity, and thus the purpose which they were intended to subserve is defeated. Substances prescribed to have alvinel action on the mucous membrane, or for prompt diffusion unaltered, are preferably given before meals. The condition of the stomach veins after meals is such as to lessen the activity of diffusion of poisons, and hinders their passage through the liver. It follows that active medicaments in doses near the danger-line, are more safely administered after meals.

When shall acids and alkalies be given, before or after meals? First, as to acids. When acids are prescribed with the view to check the excessive formation of the acids of the gastric juice, they may be given before meals—as, by the laws of osmosis, they will determine the glandular flow of the alkaline constituents of the blood. The same reasoning would hold good when the alkaline condition of the blood is in excess; osmosis being favored, the acid would reach the blood more readily. Second, as to alkalies. These may be given just before meals, when the acid forming materials in the blood diffuse into the stomach glands, and after digestion is completed, when the alkalies diffuse directly into the blood, without interference from the contents of the stomach. An alkali taken during the time when the reaction of the stomach juices should be strongly acid, must necessarily hinder, if not arrest, the digestive process for the time being. The metallic salts—notably corrosive sublimate, alcohol, tannin, and some other agents—impair or destroy the ferment, or digestive power, of pepsin. Wine that is intended to act as a food, is most beneficial when taken slowly during the course of the meal. The objection as regards the ill-effect of alcohol on pepsin, is not applicable here, except to the stronger spirituous wines in large quantities, for the ordinary medicinal wines do not have sufficient alcoholic strength to injure this ferment. Iron, phosphates, cod-liver oil, malt, and similar agents should, as a rule, go with food through the digestive process, and with the products of digestion enter the blood.

Hygiene in Israel.—Dr. J. Solis Cohen contr butes to the Polyclinic the following original translation from Leviticus, which is very interesting, and particularly so when read in connection with some of the modern views on the subject of disinfection:

"When you shall come into the land of Canaan, which I have given you for a possession, and it happen that I should put the plague of leprosy* on a house of the land of your possession, the owner of the house shall report to the priest, 'Something like a plague has appeared in my house.'

"The priest shall order the house to be emptied of its contents before he comes to look at the plague, in order that these may not be rendered unclean.† After that, he shall visit the house; if he finds that there is a plague in the walls of the house, as shown by sunken places, greenish or reddish, the discolorations appearing to be below the general level of the wall (that is, in the stone?), he shall leave the house, and see that it is shut up for seven days. On the seventh day he shall return and reëxamine the premises. Should the plague have spread in the walls of the house, the priest shall order all the infected stones to be removed, and they shall be cast on an unclean place beyond the limits of the city. The entire interior surfaces of the walls shall be scraped, and the rubbish shall likewise be cast without the city, on an unclean place. The stones removed shall be replaced by new stones, and the house shall be re-plastered. Then, if the plague return and propagate itself in the house after the stones have been removed, and after the house has been scraped, and after it has been re-plastered, the priest shall come and examine it again, and if he find that the plague has spread in the house, it is a destructive leprosy—the whole house is contaminated. They shall tear the house down; its stones, its timbers, and all its plaster, everything shall be cast out beyond the city, on an unclean place.

* Leprosy here is a general term to indicate infectious disease, not necessarily lepra.

† Religiously so, by his dictum; depriving the family unnecessarily of their clothing, household utensils, etc.

"If any one should enter the house during the time that it is shut up, he will be contaminated until evening.‡

"Whoever eats in the house shall wash his clothing; whoever lies down in the house shall wash his clothing.

"If, after the house has been re-plastered, the priest should find that the plague does not reappear, he shall pronounce the house clean; the leprosy is healed." In other words, disinfection is complete.

Condensed Milk.—Several successful prosecutions have been conducted against the retailers of condensed milk, in Liverpool, which the Analyst thinks will doubtless cause considerable consternation among the large milk-condensing companies, who have, up to the present time, escaped the operations of the "Sale of Food and Drugs Act."

Condensed milk has been lately extensively employed in connection with what may be called a new industry, that of "milk-blending," or in other words, letting down rich dairy milk, so that the analytical results agree with the figures for solids not fat, prescribed by the Society of Public Analysts. Large quantities are daily consumed in this way by milkmen, and to such an extent has the trade increased that condensed milk is imported in churns, especially manufactured for the convenience of dairymen; these churns being returned to the factory for further supply.

The difficulties of condensing rich milk, although much scientific attention has been devoted to it of late years, are well known to those engaged in the trade, more especially when the milk is preserved without the addition of sugar, but there is now no difficulty whatever in preparing condensed milk of fair average quality containing the whole of the cream present in the milk previous to condensation. The excuse that a large proportion of the fat was mechanically carried over in the operation of condensing in vacuo has been repeatedly proven to be erroneous. In fact, it is not unusual to add to the milk, during the first stage of concentration, clear butter fat, in order to prevent the excessive frothing which takes place and causes considerable trouble, requiring great care to prevent the milk from rising over and mixing with the condensing water.

Manufacturers of condensed milk have, therefore, no more right to deprive the milk of its cream previous to condensation than the ordinary milkman; in fact, the offense becomes in their case more serious, as, instead of declaring the article as condensed skim-milk, it is described as milk, guaranteed to be pure cows' milk, and is highly recommended for invalids' and infants' diet, as being more wholesome and nutritious than fresh cows' milk, and especially milk from cows fed in cowsheds in large towns; the milk is the richest and best, the water having been abstracted and pure loaf-sugar added. The heinousness of selling condensed milk under cover of this guarantee is obvious, more especially as the offense is not committed by a small milkman, in one of the poor districts of our large towns, but by large companies, presumably with extensive capital and controlled by educated men, who, simply for the sake of underselling, put forward an article deprived of one of its most valuable constituents, and represent it to be richer in quality than genuine milk from cows fed in cowsheds in large towns.

‡ For those who were unclean (Tame) "until evening" certain rules of purification existed, which had to be carried out before they could be restored to the society of family and friends. Except for this limitation, "until evening," their isolation would have no definite termination. Hence the restriction.

Surgical Uses of Collodion.—Mr. Sampson Gamgee writes, in Birmingham Medical Review: Collodion is one of those therapeutic agents whose value to the surgeon is admitted, without being adequately appreciated or utilized. Composed of ether, gun-cotton and spirit, collodion is a powerful antiputrescent, and, by ready evaporation and contraction, it exercises the dual antiphlogistic power of refrigeration and compression. In acute orchitis I know of no plan of treatment so simple, rapid and satisfactory as coating the cord and scrotum with layers of collodion, by the aid of a camel-hair brush, previously dipped into it. The sensation is momentarily sharp, the shrinkage rapid, and so is the subsidence of the inflammatory process—facts pointed out some thirty years ago, by Bonnafant, but much doubted, and almost forgotten. To swollen parts which cannot be well bandaged, collodion is especially applicable for the compression attending its contraction. I was recently consulted in the case of a good-looking boy, considerably disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I repeated the application three times in the succeeding fortnight, with the effect of reducing the organ to its natural size and color. When the nasal bones are fractured, a very effective mold for keeping them immovable, after adjusting them with the fingers, may be thus made: Place over the nose a thin layer of absorbent cotton, soaked in collodion. As it dries, another layer of cotton, and more collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage to the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.

Other cuts than recent ones do well under collodion. A horse-breaker sought my advice for a grazed wound inflicted by a carriage step on the front of his right shin, ten days previously. He had applied water-dressing continuously. The surface of the wound had suppurated, and the edges for some distance around were red and tender. I raised the foot, to empty the limb of blood, dried the surface of the sore with absorbent tissue, then brushed

it over with collodion and applied a smoothly compressing bandage over one of the pads. The part was easy at once, and after two more dressings, at intervals of four days, cicatrization was perfect, the patient having continued his business of riding and driving without losing an hour.

ABORTION.—The British Medical Journal, in reviewing the second volume of Dr. Charles Meymott Tidy's work on Legal Medicine, in discussing the chapter on Abortion, says:

"Thus, for instance, in treating of abortion, and the now well-known legal principle, that, when the only proof against a person (*e. g.* an abortionist) charged with a criminal offense is the evidence of an accomplice (*e. g.* the woman operated upon), it is the duty of the judge to warn the jury that it is unsafe to convict upon the evidence of an accomplice, uncorroborated. Dr. Tidy, in his anxiety to protect women, is anxious to make the evidence of the woman sufficient without corroboration by the evidence of others. Much as it is to be desired that the hideous, and, as we believe, increasing crime of criminal abortion should be put a stop to, we deprecate any such change in the law as Dr. Tidy contemplates. Were the evidence of the woman alone sufficient to convict, medical men would not be safe from the attacks of designing women. These might go to an abortion-monger and have an abortion performed; then, immediately after, call in a medical man, who, in the event of an exposure, might easily be made the innocent victim of malice. The principle of the existing English law as to the evidence of accomplices, is good, albeit the guilty too often escape, through its instrumentality."

The position of our contemporary on the matter is the correct one. While the suppressing of the unnatural crime of abortion is a consummation devoutly to be wished, the means to this end should not be such as would jeopardise the reputable physician. The woman who becomes a party to this crime is of such a grade in the moral sphere as should taint her testimony with suspicion. Such a woman would not hesitate, in order to relieve herself of obloquy, to charge the act on some physician in whose respectability she might hope to find some excuse for her crime. Instances of precisely this thing have been known to occur, and it should not be forgotten that justice to the accused is quite of quite as much importance to society, as punishment of the guilty.

SPAYING OF COWS TO IMPROVE THEIR MILK.—It is a well-known fact that the quality of the cow's milk changes with the time lapsing after she has calved. On first calving it is decidedly laxative. Later on it loses this property, and at the end of a year the milk of a farrow cow is very astringent. The milk of the cow with calf also gradually changes with the period of gestation, becoming increasingly watery and having a limey taste. It is evident, therefore, that a child fed on "one cow's milk" must during the course of eighteen months receive quite a variety of food, and that at times during this period this food is not strictly of a physiological nature. In the supply of our cities, moreover, no care, of course, being taken to keep these different varieties separate, the milk must be of a very heterogeneous nature. To obviate the dangers which are associated with this variation in the quality of milk, Mr. Lloyd F. Abbott advises (Boston Medical and Surgical Journal) the spaying of milch cows. The results which he claims follows this operation, are: 1. Increase in the quantity of milk. 2. Constancy of quality. 3. Improved quality of milk. 4. Decrease in cost of keeping the cow. 5. Prolongation of the milk-giving period. 6. Increased readiness of fattening the animal and improved quality of its flesh. He spayed a cow in November, 1880, at which time she was giving ten and a half quarts of milk daily. At the date of writing, February 27, 1884, the cow was still milking and giving nine and a half quarts a day, and of better quality than that given by a cow having her ovaries. Dr. Mecuen, who took part in the discussion of Mr. Abbott's paper, stated that one cow from which the ovaries were removed has produced milk continuously for eleven years, and in this entire period has fallen off only three pints.

TEMPERANCE PRINCIPLES.—We cannot do better by way of a reply to a communication criticizing our remarks on Temperance in the Public Schools in our last issue, than to quote from the Lancet the following remarks called forth by the announcement that a new asylum was to be "worked on temperance principles": "Medicine has nothing to do with *principles* outside its own domain. It may be desirable in many cases to avoid stimulants, but their avoidance ought not—in fact *cannot* in any scientific sense—be a matter of principle. If asylums are to be 'worked on temperance principles,' other institutions of the class will before long 'be worked' on 'vegetarian principles,' and, perhaps, in the future, when that fashion which so much governs the progress of events, has taken another turn, there will be asylums 'worked on alcoholic and carnivorous principles.' As men of science, the members of our profession should cut themselves and their work adrift from these vagaries. Every medical man is bound to act as he thinks best in the management of the cases under his care, and those who think it wise and safe to deny the use of alcoholic stimulants of all kinds are free to do so; but let us hear nothing of asylums 'worked on temperance principles.' It is a discredit to our cloth that such a phrase should be employed with regard to work done in the name of science and the responsible practice of the art of healing."

SPONGE-GRAFTING OF SINUSES.—Who has not had his patience severely tried by obstinate sinuses that would not heal, do what he might? For such, Dr. W. Winslow Hall casts a ray of light into the darkness, when he tells (Edinburgh Med. Jour.,— Med.

and Surg. Reporter), of an obstinate case which he has cured. There were special sinuses on the forearm, lined with a tough, dense membrane, which would not heal properly, notwithstanding that he injected stimulating lotions, laid them open and resorted to all the usual devices. Finally, he hit upon the idea of sponge-grafting, which he thus carried out: A strip of fine sponge, one and a half inches by a quarter inch, had been soaked in dilute nitro-muriatic acid for twenty-four hours, then washed in water, soaked in carbolic solution for twenty-four hours, and washed a second time in water. This was tied to a thin catgut, threaded on a long needle. A director was thrust to the bottom of the sinus; the point of the needle was passed down to the end of the director, and was then brought through the skin. The director was withdrawn, and by pulling on the needle and catgut the sponge-strip was made to fill the sinus from top to bottom. The catgut thread was cut off at the level of the skin, and the wound was dressed with carbolic acid.

Some months afterwards the patient reappeared at the hospital to show his arm. There was a small pliable cicatrix, but otherwise the limb would have been taken for a normal one.

CREMATION IN ENGLAND.—There is an eccentric physician of South Wales who is known as Dr. Price. He claims to be the nineteenth century representative of the ancient Druids. His costume is green trousers, a white smock coat and a fox-skin head covering. He is an educated physician and a member of the British Medical Association. The ancient Druids burned their dead, and a few weeks ago a child of Dr. Price's having died he determined to dispose of her remains by cremation. He retired at nightfall to a hill-top, where, placing the corpse in a cask of petroleum, he applied the torch. The burning aroused the populace, who, on nearing the spot, discovered its purpose. Amid much excitement the charred remains were rescued, and the druid doctor placed under arrest. He has had his trial at the assizes, and has been acquitted. The learned judge, after discussing the methods of disposing of the dead in ancient Europe, failed to discover any law, ancient or modern, which forbids cremation, provided it be done in such a manner as to cause no nuisance. The sentiment in favor of cremation has been growing in England as it has been elsewhere, but there has been a belief that to burn the dead would be a violation of law as well as of custom. Now that it has been declared not to be illegal, doubtless cremation will attract renewed interest in that country.

FUNERAL REFORM.—The Midland Medical Miscellany refers to an evil which is not less prevalent in this country than in England, and calls equally for reform. The waste of money incurred by the friends of deceased persons over the funeral is much to be regretted. Attention has recently been directed to this matter by the Church of England Funeral and Mourning Reform Association, which seeks to enlist the powerful aid of the press in remedying this unnecessary waste. To the artisan's family it is the means of impoverishing them for months, often causing the breaking up of the home; and even when provision has been made for funeral expenses by means of clubs, the money is lavishly expended on the undertaker's trappings, leaving the remaining members of the family often in want of the necessaries of life in a few weeks afterwards—who nevertheless think the expenditure necessary to show a proper respect for the deceased member of the family. It may be that "handsome funerals create an impoverished estimate of this life;" they certainly lean to an inpoverished purse—all for the sake of, as it is thought, doing honor to the dead. The remedy is to be found by the wealthy members of society letting it be known that they intend to be buried in the cheapest manner possible, consistent with decency, and this would help to bring about a healthy public opinion in favor of cremation, especially if that process were not so costly, and its advantages understood from a sanitary point of view. We have read with pleasure of the extreme simplicity of the arrangements made for the funeral of the late Lord Grosvenor by the Duke of Westminister, who is a patron of the Funeral Reform Association.

THE NATURE OF PURPURA.—Dr. S. Mackenzie (British Medical Journal) believes that purpura, like dropsy, glycosuria, and other affections formerly classed as distinct diseases, should rather be considered as a symptom which may be dependent upon the most various pathological conditions. Classifying its varieties, therefore, upon a basis of causation, he considers that purpura may be either (1) vascular (hæmic), and dependent upon changes in the constitution of the blood, whether brought about by disease or by deficient nutrition; (2) toxic, dependent upon the presence of poisons in the blood; (3) mechanical, dependent upon interference with the circulation, as in cases occurring in the course of cardiac disease; (4) neurotic, dependent upon some affection of the central or peripheral nervous system. He gives illustrations of each of these varieties. These views were in the main concurred in by Mackenzie's audience, although it was maintained by some that not every case of purpura could fairly be brought under one of these categories, and that there were instances in which it seemed to be a disease *sui generis* and not a symptom.

THE MAN WHO TALKS.—The following from a correspondent of the Weekly Medical Review, gives expression to sentiments which are not confined to the conscientious workers of any particular locality. The evil of which he complains is largely the cause of the non attendance at society meetings of gentlemen qualified to contribute to the general fund of information, but who dislike very much to be bored:

"I am not a croaker, by any means, but I have a grievance to lay before you, and hope that you will

use your influence to suppress what has come to be a nuisance in certain of our medical societies. You may, doubtless, have observed that there are members who make it a point to inflict their remarks upon all, whether they know anything upon the subject under discussion or not. Very often they speak the veriest nonsense, and thoroughly succeed in disgusting those who have come for the purpose of saying something either new or interesting upon the subject presented. It is entirely unnecessary to mention names here, as the individuals who speak merely to hear themselves, and to acquire a little cheap notoriety, are well known to all the regular attendants. Now could not some means be devised to suppress these parties? Are we condemned to this torture and have we no means of redress?

IODIDE OF POTASSIUM AS AN ANTI-GALACTAGOGUE.—In the British Medical Journal, Dr. I. J Verrall says he has used iodide of potassium in 10-grain doses, as an anti-galactagogue; that he could find no mention of this use of the drug in Ringer, Woods, Bartholow, or Phillips, and that he was not aware, till recently, that other physicians had used this salt for this purpose. If Dr. Verrall had consulted Barnes on Diseases of Women, he would have found a paragraph bearing on the subject.

In several of the cases where the unborn child has died, I have given, to check the secretion of milk, 40-grain doses of the potassic iodide in milk, three times a day, gradually decreasing the size and frequency of the dose; and have met with excellent results.

Belladonna ointment applied to the breasts relieves the soreness, and the bowels may be kept open by means of some such cathartic as citrate of magnesia, cascara sagrada, syrup of rhubarb, or castor oil. I also give quinine to reduce the fever.

F. G. L. CONNELL, M. D.
61 HENRY ST., DETROIT, Mich.

DIGITALIS AS AN ANAPHRODISIAC.—Dr. N. L. Folsom reports in the Medical World, on the effects of digitalis in the allaying of sexual appetite. Administered in ten-drop doses, three times a day, he declares that it will effectually overcome the imperious passion. It may be necessary to increase the dose to a teaspoonful in some cases. If it shall do in the hands of others what Dr. F. claims for it, the discovery will prove to have been an important one.

Successor Wanted.—A correspondent writes us that he has a very desirabte country ride, in a region much sought by those suffering from or fearing lung troubles, together with a very snug home, furniture and good road outfit. He will remain long enough to transfer the practice to a good practitioner on equitable terms. He has an offer to go into business in the city. He states that competition is weak and roads exceptionally good for a mountain region. The ride has averaged $3,000 upwards, for a number of years. To one who has the ability and can stand the work it can be made $5,000. It is an unusual opportunity. Parties competent, both professionally and financially, may learn full particulars by addressing at once, "*Adirondacs*, care the Medical Record, New York, N. Y."

The paragraph in an "exchange" about the boarder with a growing appetite who complained of dinner being so late, and suggested that he would like to dynamite earlier, has reminded another "exchange" of several:

What would be the effect of an over-dose of nitroglycerine? Dynamite(y) hurry!

"How one thing brings up another" said a visitor reflectively. "Yes, tartar emetic, for instance, will bring up everything you've eaten for a week," said the apothecary.

An Irishman—a private soldier—came into our ward once, during the war, a new patient. In endeavoring to get at a diagnosis and history of the case, we enquired what treatment he had received previously. "Dom bad," was the laconic and characteristic reply.

The funniest scene tho' we ever witnessed, was the ward nurse with a basin of warm soapsuds in hand, insisting on a patient's swallowing it; and the patient was a Dutchman, who couldn't speak English. The nurse said the doctor told him to "give it" and he "had to take it." It was intended for an enema.

The Peoria Medical Monthly claims to be "the only journal in the state (Illinois), independent of college cliques and advertising influences," and urges this fact as a reason why it should "be on the table of every practitioner in the state." We are sorry to learn that medical journalism in the state of Illinois is thus handicapped by entangling alliances. Inasmuch, however, as our esteemed contempory carries a larger number of pages of advertising than any of the journals controlled by "college cliques and advertising influences" to which it refers, there are some stupid people (ourselves among them), who will fail to discover the legitimate points of distinction between it and those whom it (by inference, at least), holds up as journals unworthy of professional patronage. We would not, however, by any means insinuate that it is not independent of "advertising influences." Doubtless it could live and flourish without its 40 pages of advertising (some of which are interlarded with the reading matter), for it is an excellent journal and merits professional, as well as advertising, support. The fact that a journal carries a large number of advertising pages only attests its appreciation alike by advertisers and the profession. If it failed of professional support we apprehend it would derive little patronage from advertisers; these gentlemen, are, as a rule, too shrewd to squander their money on journals which the very class whom they wish to reach, do not read. It will be scarcely necessary for us to indicate the connection of these remarks with the case before us. They are intended as a sort of primer lesson in charity—

charity which thinketh no evil—and the moral of the lesson is in the application of it.

That our naturalization laws are defective in many respects is notorious, and the demand for their revision will, no doubt, acquire added force from the publication of an article by Justice William Strong upon that subject in the North American Review for May. In the same number of the Review, Edwin P. Whipple offers a candid judgment of Matthew Arnold, as a thinker and as a man of letters. Richard A. Procter, under the title of "A Zone of Worlds," treats of the vast multitude of the pigmy kindred of the earth, known as the asteroids. In "The Railway and the State" Gerrett L. Lansing essays to prove that the multiplication and extension of railroad lines, and the establishment of low rates of transportation, are hindered rather than helped by government interference. Prof. Henry F. Osborn, of Princeton College, has a highly interesting article on "Illusions of Memory." Helen Kendrick Johnson contributes an essay on "The Meaning of Song." Finally there is a joint discussion of "Workingmen's Grievances," by William Goodwin Moody and Prof. J. Laurence Laughlin, of Harvard University.

A non-professional reader, on reading the account of the case of sensation in the amputated limb, in our last issue, contributes the following, for the conformity of which to facts he vouches: An old gentleman had his leg so badly crushed as to necessitate amputation at the knee. He had suffered from corns on the foot of the amputated limb, and soon after the amputation he complained of his old trouble; it required the evidence of his eyes to convince him, frequently, that he did not have on a tight boot. The pain his corn continuing in spite of the attempts of friends to banish the feeling by ridicule, as soon as he was able to get about on a crutch he went out and disintered his amputated, and now badly decomposed, limb. On digging down to it he discovered a brick-bat lying on the toe which had the corn. This he at once concluded was the cause of his suffering, and after it was removed he complained no more. Here is the fact; let some one else furnish the explanation,

Weston, the American pedestrian, recently completed his self-imposed task of walking fifty miles on each of a hundred consecutive days, in England, without the aid of stimulants. In addition to this physical effort he gave a temperance lecture every night during the course. Total abstinence advocates proclaim his success as a triumph of their principles. It was certainly a great feat, but it was Weston who did it. Let the same man now honestly undertake a task during the performance of which he shall use alcohol in some form and in proper quantity, and we will have the data for a comparison of the virtues of total abstinence and alcohol.

The thirty-fifth annual meeting of the American Medical Association will convene at Washington, D. C., on Tuesday the 6th prox., and continue in session for four days. The chairmen of some of the sections at least, have been exerting themselves to secure a creditable presentation of papers, and the preliminary reports indicate a considerable measure of success. Dr. A. Y. P. Garnet is chairman of the Committee of Arrangements.

Dr. Alfred Stillé, after an incumbency of twenty years, has withdrawn from the chair of Theory and Practice of Medicine in the Medical Department of the University of Pennsylvania. It is expected that Prof. Wm. Pepper will be his successor.

Professor Parvin teaches that the best method of giving opium to prevent abortion is by the rectum. He gives from 20 to 30 drops in this manner.

Excessive Venery, Masturbation and Continence, the Etiology, Pathology and Treatment of the Diseases Resulting from Venereal Excesses, Masturbation and Continence. By Joseph W. Howe, M. D., Author of "Emergencies," "The Breath," "Winter Homes for Invalids," etc. Late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc.
New York: Bermingham & Co., 28 Union Square.

The volume before us contains the substance of a course of lectures delivered in the Medical Department of the University of New York, on the subjects enumerated in the title. The basis of these lectures were the author's own observations, and in elaborating them he laid the various European and American authorities under tribute. The book is divided into sixteen chapters, in the first of which the ignorance, half-knowledge and erroneous conceptions of the functions and hygiene of the sexual apparatus, which prevail among the people, are pointed out. In the second, the anatomy of the genital organs is considered; in the third, the seminal fluid and the mechanism of its ejaculation. In the remaining chapters, the diseases due to the various causes enumerated and their treatment, constitutional and local, are discussed.

We must content ourselves, touching the book as a whole, with the statement that the author has shown himself eminently qualified to prepare a treatise on the subjects which he has chosen, and that the book he has given the profession will be found to be a guide to sound, rational treatment. It is, moreover, in compact form, and contains more on its subjects than can be found scattered throughout the ordinary library of the general practitioner.

The chapter on Continence is the only one which we have space to consider at all in detail. The author takes the ground that nature intended that every organ in the body should perform its physiological function, and that the organ which does not perform this function, degenerates, and eventually becomes incapable of performing it. The genital organs furnish no exception to this general law. While a man may go for years, without intercourse, and be able, afterwards, to copulate successfully,

such cases are exceptional. Every man, with a healthy organization, should be married before the age of twenty-four. Sexual debility is much more common among men who marry after thirty-five, than it is among those who marry young. The author quotes liberally, from other writers on this subject, and gives also, a number of quotations from church authorities, all going to show "that it is better to marry than to burn." Under the conditions of modern life, however, marriage is not always practicable. What is the physician to do under such circumstances? The question is one whose answer involves considerable moral responsibility. Dr. Howe regards his duty as performed, when he tells his patient that marriage—not promiscuous intercourse—is the only remedy. He leaves the rest to the patient. In his experience, he says, patients will act as they please, as soon as they have learned that intercourse is one of the essentials to perfect health. While a few marry, the large majority indulge their natural instincts, without this formality, and dispense with further advice on the matter.

Women do not suffer so much as men, from continence. Indeed, the majory of healthy women are not much injured by total abstinence after the age of thirty, and to very many sexual intercourse is a source of pain and mortification, instead of pleasure. the regular recurrence of the menses, periodically, relieves the genitals, nature thus affording an aid to female chastity, which she does not furnish the male.

ON THE PATHOLOGY AND TREATMENT OF GONORRHŒA.—By J. L. Milton, M. D., Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth Edition. New York: Wm. Wood & Co.

The author of this volume (the February No. of Wood's Library for 1884) invites a close reading of it, by the statement in the preface that he has denounced many of the remedies which have won favor in the treatment of gonorrhœa, and that the doctrines he has ventured to lay down have been pretty severely tested. "Nothing has been recommended by myself in this work," he says, "but what has stood the brunt not merely of experience, for that I rate rather low, but of special observation. My aim was, as far as possible, to separate clearly what might be looked on as established from what was doubtful, and not merely to prove every assertion, but to place it on such a basis that it could not be disproved." This is certainly a very ambitious purpose, and in view of the legion of remedies recommended for gonorrhœa, and the many theories advanced touching its nature, its fulfillment must certainly be regarded as an achievement of inestimable value.

The first chapter, devoted to the history of gonorrhœa, is a very interesting one. The earliest reference to the disease is in the collection of medical treatises made by the Chinese emperor Ho-Ang-Ti, 4,500 years ago. Truly there is nothing new under the sun! The description of the disease in these early records is said to be quite accurate. The author combats the interpretations of certain passages in the Old Testament which makes them refer to gonorrhœa. For instance the passage in Leviticus about "a running issue out of the flesh," so often cited as referring to the disease, might just as easily mean an ulcer of the leg. We may fairly presume, from what we know of the modern Jew that gonorrhœa did not exist among the Hebrews of old. If the degenerate modern descendant were to confine his amours to the females of his own race, his amputated prepuce would probably ensure him immunity from the disease. It is when presuming on the immunity which lack of prepuce affords him, he mingles with the polluted Gentiles, that he occasionally falls a victim.

The author critically analyses the statements of various writers touching the existence of gonorrhœa in ancient times, and arrives at the conclusion that the disease was of exceedingly rare occurrence prior to the beginning of the 18th sentury. The absence of all allusions to it by the lay writers, like Shakespeare, and the ignorance thereon, of even Sydenham, justify this opinion.

The author is a firm believer in the specific nature of gonorrhœa, and is not disposed to concede that it is ever contracted except from a previous case. He does not, however combat the *possibility* of a simple leucorrhœa or vaginitis becoming intensified into a contagious form. He gives the views of others on the question of the existence of a fungus (gonococcus) but does not endorse them. "Tested by the results of practice," he says, "the theory breaks down, as antiseptics have no particular control over this disease." The duration of the disease depends very closely on the constitution of the individual, and there is a close relation between inveteracy and diathesis.

The interest of the work centres in the part, which comprises four fifths of the whole, devoted to treatment. It would be interesting and very profitable, to follow the author as he takes up and discusses seriatim, the various remedies and plans which have, from time to time, been recommended. Our limited space, however, prevents. To determine his own individual views on the treatment of the different varieties of complications, it is necessary to read his criticisms of the various plans pursued by others. In ordinary cases, however, he relies very largely on the acetate of potash and the sweet spirits of nitre. In several cases he adds chlorate of potash. The following is an available of prescription:

℞ Potassæ chloratis ʒ ii,
Aquæ destill. bull. ℥ iv,
M. et agita bene donec solutio ft. dein adde;
Potassæ acetatis ʒ ii,
Spts. juniperis ℥ ss.,
Mist. camph. ad ℥ vi.
Mix. Sig. A tablespoonful twice a day.

The various complications of gonorrhœa, gonorrhœal rheumatism, gleet, stricture, etc., are exhaustively treated, and on the whole the book may be re-

garded as one of the most valuable treatises on its subject before the profession.

NOTES ON THE OPIUM HABIT.—By Asa P. Meylert, M. D., Member of the Medical Society of the County of New York, Physician to Woman's Christian Home, New York, etc., etc.

New York: G. P. Putnam's Sons.

This is a brochure of 36 pages, it being a reprint of a paper read before the Harlem Medical Association. Its style is slightly florid, although the treatment of the opium habit which it advocates is on approved general principles, and offers nothing in the way of a specific. A number of drugs are mentioned as capable of meeting the indications presented in the depression following a suspension of the opium, but the restriction of space, doubtless, has prevented the writer from giving them that fuller consideration which, it seems to us, is necessary as a guide to the more especial use for which they are recommended.

SCHEME FOR THE EXAMINATION OF URINE FOR CLINICAL MEDICATION. Approximate Determinations. By C. B. Gibson, Demonstrator of Chemistry College of Physicians and Surgeons, Chicago.

Chicago: W. F. Keener.

This pamphlet of 28 pages is an admirable condensation. It gives in the concisest possible form very full instructions in the usually accepted methods for urinary analysis.

Common Sense in Obstetrics.

BY AN OLD PRACTITIONER.

I have been a practitioner of medicine, including midwifery, since '49. During this third of a century of professional life I have been as popular with the ladies as it is usual for the general practitioner to be, and as I have officiated at not less than fifteen hundred of the trying ordeals appointed to the women who bring forth, perhaps a brief statement of my methods may not prove uninteresting or unprofitable. I am stimulated to make this statement by the recent discussion of the prophylaxis of puerperal fever before the New York Academy of Medicine. Although I have grown gray in the service I trust I am not a fossil. If I have been left behind in the progress of the age which shows itself so markedly in the advancement of medicine as a science and as an art, the fault is not mine, for I believe I have always honestly set my sail to catch every passing breeze. I have, however, stoically closed my eyes to the syren's song and have tried not to suffer myself to be lured by the *ignes fatui* which, I am constrained to believe, though I fain would not, have been and are still, making shipwreck of many who have the material in them from which good doctors are made. Art is valuable in medicine, but it is only as it is an assistant and not an antagonist to nature. The wise physician studies nature that he may assist her; he never undertakes to do what nature unassisted is capable of accomplishing. With all due respect to the teachings of the present day (because of our backwardness in accepting all of which, we are classed as old fogies, or fossils), I must declare that in my opinion they tend to exalt art, to the debasement of nature in medicine. Physicians are human, intensely human sometimes, and the weaknesses of humanity are none the less in their case because they are physicians. As a result of their human nature they are conceited, albeit their conceit in the direction I would now indicate, has many redeeming qualities. They like to take the credit of a patient's recovery, and few, alas! too few of us, are disposed to give nature her unalloyed meed of praise. It so flatters our conceit and vanity to have the patient in his spasms of gratitude (which usually antedates his receipt of his bill) grasp us by the hand and with tears of affection overflowing his tarsal cartilages, declare that to us he owes his new lease of life. This conceit and this vanity are apt to make us officious, so that in the event of recovery the greater is the praise, and in the event of death it is gratifying also to have the friends of the departed declare that "all was done that could have been done; Dr. Goodheart was very devoted in his care and left nothing undone." The doctor, in the retirement of his own study, may sometimes reproach himself for having done too much. It takes years and years to learn when it is necessary not to "do everything that could have been done."

I trust, dear AGE, that you may not consider the above reflections irrelevant. They came without my bidding, and I could not bid them hence. I will not say that mention of the recent discussion before the New York Academy had nothing to do in arousing them. Dr. Thomas has won for himself a place of honor and distinction among his brethren of the profession, and, doubtless, his hold on his clientele is exceeding strong. His "silver tongue" and the persuasiveness of his well-chosen words, as illustrated in his reply to Dr. Barker, combined with the "doing of everything that could have been done" (see his ten commandments), must be perfectly irresistible. I will venture the assertion that a death occurring under his care of a lying-in woman, strengthens rather than weakens his hold on the affections of the family. I know of no greater praise to bestow on a physician. I cannot, however, in spite of my admiration for Dr. Thomas, but believe that the art which he introduces into the lying-in room in his "ten commaadments" is hurtful rather than beneficial, and I was pleased to learn that one of the results of the discussion following his paper, was the repudiation by him of commandments seven and eight, relating to the frequent employment of vaginal injections. Would that the arrows of conviction had caused him to renounce all of these commandments except such as have reference to the gospel of cleanliness.

Dr. Thomas' position in the medical world makes any false teaching of his all the more pernicious, and it would have been an evil day for the mothers of this republic had the criticism which his recent paper received from gentlemen of equal prominence

with himself, been any less severe and prompt than it was. The evil was nipped in the bud, and the nipping may possibly have the secondary effect of arousing in the minds of the profession a more profound reverence for nature than it has been the tendency of the teachings of the "exact scientists" in the profession to indicate. It is a consummation devoutly to be wished.

I was struck by the extract which was given in the last AGE, from the communication of an old sage. It struck the key-note of reform. According to Dr. Thomas it is a very dangerous thing for woman to fulfil her lofty mission, and the abortionists and self-abortionists who abound, to the rapid extinction of the pure American element in our population, are furnished in his paper with the best possible justification of their hellish practices. If to give birth to a child at term so jeopardizes the woman, is not the bearing of children of questionable propriety? "Self-preservation is the first law of nature," and if the woman runs the risk which one would naturally infer from Dr. Thomas that she does, she cannot be severely censured, on either moral or economic grounds, either for preventing conception or for emptying her womb of its dangerous burden.

But it is not the dangerous thing for a woman to have a baby that Dr. Thomas would have us believe. When any untoward thing in the cycle of events, commencing with the impregnation of the ovum and ending with the woman's leaving the couch with her baby at her breast, the cause is traceable to either carlessness or officiousness—more often the latter. This is the rule; like all other rules it, however, has its exceptions. My experience of a third-of-a-century enables me to speak with some degree of authority on this matter. If woman in civilized society lived in harmony with the laws of nature the less attention she received from the physician in her hour of trial, the better would it be for her. But her modes of life are not thus in harmony and she thus requires attention. This attention must, however, be intelligent and not after any blind routinism. In all my experience I have had only one case of puerperal fever develope under my care, and that occurred under circumstances which relieved me of responsibility. I challenge a comparison of my obstetrical record with that of Dr. Thomas or any other of the gentlemen who take unusual pains to prevent parturient or puerperal accidents. As I have already allowed my pen to run to such a great length I will be brief in describing my method of procedure:

I hold it to be little short of criminal for a physician to convey septic matter to the lying-in woman. To guard against thus doing I never attend a confinement in the same suit of clothes in which I have, within a reasonable time, visited a case of contagious disease. After attending such cases I take a full bath and make free use of soap to beard and hair. The hands cannot receive too much attention. After thoroughly cleansing with hot water and soap the nails should be *thoroughly cleansed*, and, although I have not heretofore been in the habit of doing it, I shall hereafter, in order to secure this result with the greater certainty, use a wash of a two-grain solution of corrosive sublimate in a pint of water. On visiting the woman I make an examination to determine the progress of the labor and the presentation. I use soap with which to lubricate my finger, and by scraping a piece of soap with the nail fill its free margin, thus preventing the entrance underneath it of septic matter; I also rub the soap in around the quick for the same purpose. After the first examination I do not, if everything is normal, again touch the vagina until the head has engaged in the superior strait, when I keep my finger between the occiput and the pubes, thus pushing back the anterior wall of the uterus and preventing the increased suffering which results from its impaction. The practice of manipulating the os to bring on contractions, and to accelerate its dilatation, cannot be too roundly condemned. The rapid dilatation thus effected causes, or is apt to cause, minute ruptures which becomes points of absorption of septic matter which may develop. When the head has pressed so long on the perinæum and the nature of the pain is such as to lead me to believe that delivery will be accomplished in about five minutes, I give a teaspoonful of a reliable fluid extract of ergot.* When the head is escaping from beneath the pubic arch I insert my finger into the anus and by locking it in the sphincter draw the perinæum forward. This, better than any other device, prevents rupture. The child being delivered I have the nurse keep up firm pressure over the womb until I have cut the cord, which latter I never do until pulsation has completely ceased, it matters not how long the beating keeps up. I think the child does better and the danger of flooding is reduced by an observance of this precaution. Pulsation, moreover, means placental attachment, and the placenta should not be drawn on while such attachment exists, and, indeed, it should not be drawn on after the attachment is severed. Since Crede's method of expression was first mentioned I have invariably resorted to it. After the placenta is removed I make a sweep of the uterine cavity with my index and middle fingers to remove clots and stimulate firm contraction, which is maintained by the ergot which has now commenced to act. When I have secured the "wooden" feel of the uterus, and not till then, I apply the binder, placing a folded napkin over the uterus. The woman is then wiped and the soiled bedding and padding removed. I never could muster courage enough to subject the modest woman to the indignity of making an ocular examination for a rupture which I cannot feel with the tip of my finger, and have never found it necessary so to do, Dr. Thomas to the contrary notwithstanding. I have found, too, that when a rupture does occur

* The reliability of normal liquid ergot prepared by Parke, Davis & Co. I have tested and can vouch for.

and does not involve the sphincter ani, it is best treated by bandaging the woman's thighs and keeping her as quiet as possible. I never sewed such a case, and never saw one that did not completely heal. When the sphincter is involved sutures are necessary, and they should be applied immediately, in my judgment. Everything should be avoided which might tend to worry or annoy the lying-in woman. Nervous perturbation is, I believe, responsible for many of the bad results following childbirth.

Great stress is laid by many on keeping the woman rigidly on her back for a week after delivery, and to that end the bed-pan is to be employed. The bed-pan is one of the devices of the devil and should be exorcised from the lying-in room with the archfiend who conceived it. Let the woman sit up when she desires to evacuate either rectum or bladder. Nature never designed that man, male or female, should lie down on his back to defecate or urinate, and, in the case of the lying-in woman, to have her assume this position for either of those acts, is to deprive her of one of nature's means of prophylaxis against the dangers to which she is liable. Seat her on the vessel and thus give her the combined assistance of gravitation and abdominal contraction in ridding the uterus and the vagina of the debris, which, undergoing decomposition, gives rise to the septic matter, which, when absorbed, gives us puerperal fever, or puerperal septicæmia—synonymous terms, in my opinion. The vaginal injections, the necessity of which is insisted on by some, I regard as a piece of meddlesomeness which should be mentioned only to be condemned. They not only disturb the woman, but they remove from the vagina the lochia with which a kindly and beneficent nature has bathed the parts, as with a poultice, to sooth the injury she has done in the violence of her efforts to unload her precious cargo.

I have used the forceps in one out of every twenty cases on an average. I do not hold that it has been absolutely necessary to employ them thus often, but their use has abridged the period of suffering in the cases in which I have resorted to them. I have never had them do any injury to either mother or child. They should be carefully disinfected after each time they are used.

It is my opinion, based on experience, that a strict obedience to the common-sense rules I have imperfectly outlined, will render the disagreeable rules embodied in Dr. Thomas' "ten commandments" unnecessary to the prevention of the evils which are the dreaded sequela of nature's method of perpetuating the species.

Induration of the Pylorus with Perforating Ulcer.

BY ZINA PITCHER, M. D., KALKASKA, MICHIGAN.

On Tuesday evening, March 5th, was called to see Mr. J., age 59 years, and found the gentleman lying in a couch, indulging in a little toast and tea. On inquiry, the following brief outline of the history of the case was elicited :

The patient had been a sufferer for years from "gastritis," but for the past few days had been feeling comfortable. On going to bed last evening he felt considerable pain in the stomach, which passed off in about an hour, when he went to sleep and slept nearly an hour. He was awakened by a terrific pain in the stomach. There was no recollection of what had transpired from that time until the following morning, when his wife was startled from her sleep by a cry and found him sitting up and bent forward. She put out her hand and touched him, when he fell back, in a faint. She tried to arouse him, but could not. She then called her son and they manipulated him for twenty minutes, when he aroused, but shortly after fell into a profound slumber. At 6 A. M. he awoke, and felt no pain, and complained only of a tired feeling. At 8 A. M. he attempted, during his wife's absence from the room, to get up; as soon as he stood up "everything turned black" and he fell. His son heard him fall and on entering the room found him in a mild convulsion. He was placed on the couch, and soon after recovered consciousness. At noon there was a repetition of the convulsion, on recovery from which he rested comfortably until night, when I was called. I made an examination and found the pulse soft and full, respiration and temperature normal, tongue moist and clean; no pain anywhere. Percussed the lungs and abdomen; found the lungs and liver normal. Tympanitis well marked over the stomach and intestines, except in the left iliac region, where a fæcal tumor was discovered. Asked about the bowels and found he was troubled with habitual constipation. I cautioned him about eating, ordered an enema of castile soap and water, prescribed nux vomica and left saying I would return in the morning. Some three hours later was sent for in great haste. On arriving found him in a state of great prostration, having vomited about a pint and a half of food and clotted blood. He was conscious, and answered all questions. Voice was weak, respiration hurried and shallow, pulse 130, no pain except a sense of soreness over the stomach; and his head felt very light. In a few minutes he had a rigor and vomited more clotted blood, after which he felt improved. I asked if the enema had been administered, and found it had not. Had it given immediately and the mass that followed was similar to the vomited matter. Prescribed ergot and a powder of opium, bismuth and lead. These he could not retain, vomiting them as fast as administered. I took out the opium, but this did not help matters. I then gave virburnum prunifolium, to be given alternately with the ergot every hour. He vomited once afterwards, and there was a very little blood in the ejecta. The next morning found him comfortable, but weak. Suspended the virburnum and gave nux vomica alternately with the ergot, and ordered cracked ice to be swallowed and cold cloths kept on the abdomen, which, by the way, I had done during the night.

Ordered also enemata of equal parts of von Liebig's extract of beef, and milk, one-half cupful every two hours. He picked up considerably during the day. At nightfall his grand-daughter, aged 8 yrs., dashed into the room and told him that his niece, Mrs. K., was dead. He jumped partly out of bed, fell, and the blood streamed from his mouth. The hæmorrhage was profuse and of a bright red color. I was sent for and found him almost moribund, mouth wide open, face white, eyes glassy, pulse 150, extremities cold, and gasping for breath. Had him rubbed with alcohol, put hot water around him, applied cold over stomach, made him swallow, with great difficulty, cracked ice and gave alternately every 15 minutes ergot and viburnum to control the hæmorrhage. Much to my surprise and joy the blooding stopped, and two hours later when I left him, he was sleeping. For the next few days I kept him on ergot and nux vomica, allowing no food by the mouth, and giving enemas of beef tea, milk and whiskey. He picked up right along and I changed the ergot for liq. potassæ arsenitis. For three weeks he continued to improve; got so that he sit up in bed, and discarded the bed pan. Whenever the bowels became irritable and rejected the enemas, I gave morph. sulph., one-half gr. He suffered some from thirst, but did not complain of hunger. He complained continually of a pain which seemed to strike right through from the pit of the stomach to the spinal column. This grew gradually less, which to my mind showed that the ulcer was healing. I had already made my diagnosis of ulcer, of the perforating variety. Three weeks from the time of the last hæmorrhage, I allowed him a teaspoonful of butter-milk every hour. He experienced no inconvenience from it at first, but as the quantity was increased he complained of a sense of fullness, which soon became extremely annoying. I stopped the allowance by mouth and he vomited a large amount of matter which was undigested, and with it a substance that looked like the sediment in a rain-water barrel. As I could find no evidences of food in the intestines near the stomach at any time, and as the pain seemed to be in the pylorus, I made up my mind that there was a stricture there. From this time on (three weeks and four days from the commencement) he commenced to decline, and to make matters worse, his daughter in a neighboring town died. The shock greatly prostrated him. April 3d his son woke me up about 6 A. M., and said his father had fainted. He asked if I though another hemorrhage had occurred. I said I was afraid so, and my suspicions were confirmed on seeing him. The pulse was very rapid and weak, respiration accelerated, mouth open, eyes glazed, and he was unconscious. A few minutes later he revived and vomited a considerel quantity of blood. He complained of a numbness up his back and in his head. About 11 A. M. his mind commenced to wander, and at 2 P. M. he died.

In the evening Dr. Craig and myself held a post-mortem, at the request of the family. On cutting down to the stomach we found it adherent to everything within its reach, so great was the inflammation. On passing the hand over the stomach a small tumor was discovered in the pylorus. In removing the stomach the tumor showed itself to be an induration about two inches broad and about one-half an inch thick. Very close to its center was the perforation that I think occurred first. Near it was a second opening. The stomach still contained particles of clotted blood. The pyloric orifice was nearly closed. The lungs, spleen, heart, liver and pancreas were all in a healthy state. The trouble lay alone in the pyloric extremity of the stomach. At one time I I suspected a cancer of the pylorus, but the absence of an appreciable tumor excluded that diagnosis.

Management of the Placenta in Abortion.

BY A. G. YOUNG, M. D., FT. FAIRFIELD, MAINE.

In the MEDICAL AGE of March 25th there was a communication from Dr. J. A. Wessinger, the influence of whose teaching, it seems to me, is really pernicious. It is true that in many cases of premature delivery and abortion, and probably in the majority, nature would take care of the secundines so that no serious results would follow the neglect to remove them. But in these cases of retained placenta there are dangers of consequences which may be unfortunate and deplorable indeed. Such a case my memory regretfully recalls, and, very briefly, it was as follows:

Mrs. B. was for several days threatened with a miscarriage at three or four months. One day, in my absence, the fœtus came away and when I returned to the patient I assured her that probably there would be no further trouble. But there was further trouble, the first of it on the third day in the shape of profuse flooding. This, in spite of ergot, *et hoc genus omne*, was repeated several times during nearly two weeks, then slight offensiveness of the discharges, then chills and hectic fever, then pneumonia so called, and purulent expectoration, then hæmorrhage from the lungs so profuse as to terminate life in about ten minutes. My self-justification that I had done as well as the average country practitioner would have done, was a poor, pitiable apology which gives my conscience not half so much of peaceful rest now, as it did years ago.

My present practice is to trust nature, with only a very questioning faith, and when she does not pretty promptly do her work, I do it for her. When, in attendance upon a case of unavoidable abortion, the placenta does not soon follow the fœtus, I never give ergot until I have emptied the womb, and this I usually do by carrying one or two fingers of one hand into the vagina, while at the same time I placed my other hand upon the abdomen over the region of the womb. Now, with the external hand, making gentle, or if need be, pretty firm pressure, I depress the uterus so as to bring its interior within reach of the internal finger. This finger I now carry into

the uterus and carefully sweep or scrape its cavity so as to detach and bring away the placenta or membranes which may be there. It is rarely that there is much difficulty with this procedure soon after the fœtus is expelled. One thing must always be remembered, and it is this, that a full bladder will make this operation difficult and sometimes impossible to do. An anæsthetic is needed in some cases, and especially in these cases where blood has been lost, æther is preferable.

In some, especially in neglected cases, it is necessary to use the curette, the safer of which is undoubtedly the dull wire curette, of Thomas or Mundé; but the finger is the safest and nearly always the most rapidly effective instrument,—the safest, provided always that the hands are washed scrupulously clean with soap and water, and disinfected immediately before they are used. In many cases treated by immediate removal of the placenta, I have never seen one in which any serious results have followed, but I have seen quite a number in which ominous symptoms have suddenly disappeared after such removal.

This is no new method of course, and yet I believe it is not old enough to be so generally known and appreciated as it ought to be. Dr. Wessinger says that in these cases "no definite mode of procedure has as yet been laid before the profession." I claim that there is a method as definite as didactics can make it, and supported by the majority of the leading obstetricians of the day. Some years ago Martin, of Berlin, first impressed me with the importance of this treatment of these cases. In the Obstetrical Journal of Great Britain and Ireland, of 1880, Dr. McDonald, of Edinburg, says: "To put it plainly, I consider a patient is put to greater danger from a portion of the membrane being left in the uterus, to become organized there, and a source of persistent menorrhagia, than she is likely to suffer from the manipulation necessary to secure complete removal of every part of the ovum in a miscarriage."

Dr. Skene says he "would not wait more than five minutes in cases in which the os was fully dilated. When the cervix was closed, he would wait just long enough to dilate it before removing the placenta."

Dr. Thomas said, when once this subject came before the New York Academy of Medicine, "he was not only surprised but a little shocked, to find so many men who were in favor of allowing the placenta, as a rule, in these cases, to remain undisturbed."

I wish Dr. Wessinger would read in the American Journal of Obstetrics, for February, 1883, an article by Dr. Alloway, on "The Immediate use of the Curette," and in the same number one by Dr. Mundé on "The Immediate Removal of the Secundines after Abortion." Also, will he have the goodness to read in the April number of the current volume of the same journal, Dr. Inglis, of the Detroit Medical College, on "The Need of Courage and Caution in Cleansing the Uterine Cavity After Abortion," and in the same, Dr. Hemingway on "The Immediate Treatment of Abortion?" If he will do so perhaps he may be less ready with hasty generalizations based upon his two cases, and may be willing, in the light of later obstetrical knowledge, to give up the dilly-dallying policy.

A Case of Retained Placenta.

BY E. A. BURCHARD, M. D., LODI, CALIFORNIA.

In connection with recent references to the subject in the AGE, the following case reported from my practice may not be without interest:

Sunday, Feb. 24, 1884, I was called to see Mrs. X., aged 30 years, mother of two children, and has had several miscarriages. I found on inquiry that she was three months advanced in pregnancy, and that six days previous to my visit an attempt to procure an abortion had been made by an irregular physician, who introduced a sound into the uterus and left it there for several hours. On the 23d labor commenced and they sent for the doctor before mentioned, who came and left in a few hours, after prescribing two-drop doses of fld. ext. ergot every hour. About midnight she was taken with hæmorrhage, and again sent for the doctor, who lived about 8 miles distant, but for some reason, known best to himself, he declined to go. The messenger then came for my partner, Dr. F. W. Coleman, who on arriving found the fœtus expelled, but the placenta still remained in the uterus. He attempted to remove it with his fingers, but was unable to do so, as he had no instruments with him (not knowing what the case was until arriving there). As there was considerable hæmorrhage he applied a sponge saturated with alum water to the mouth of the uterus. This checked the hæmorrhage, and he returned home. I visited the patient on the 24th, and found her quite pale and weak from loss of blood. Otherwise she seemed to be in good condition. On examination I found the uterus contracted down, firm and hard. I could just introduce the tip of my index finger through the internal os, and as there had been no pains since the day before, I ordered quinine and fld. ext. ergot, to be given at proper intervals, and returned home. On the following day I found the patient improving nicely but still no pains or placenta. Ordered the quinine and ergot continued. On arriving the next day found everything as before. I then introduced a sponge tent. After a few hours I removed it and passed my finger up to the fundus and found the placenta firmly attached to the uterus. As the patient was doing so well and as it would have been impossible to remove the placenta without causing considerable hemorrhage, I concluded I would not meddle with it then, and determined to wait and see if it would not become detached and in time come away without further trouble. I told the patient not to worry any more about it, as I thought the next time she menstruated it would come away all right. She continued to improve and in two weeks was as well as ever. She continued so and in seven weeks from the time the fœtus was expelled her menses came on, and on the second day the placenta came away in small pieces, with no more trouble or hemorrhage than natural.

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35th Annual Meeting of the American Medical Association.—The American Medical Association met in annual convention for the 35th time at the city of Washington, D. C., on Tuesday, the 6th inst., at 11 A. M. The meeting was called to order by Dr. Alexander Y. P. Garnett, Chairman of the Committee of Arrangements, who, after prayer by a local clergyman and the delivery of the usual address of welcome, introduced the President of the Association, Austin Flint, M. D., of New York. The President's address was chiefly confined to a consideration of questions of medical politics and ethics. He argued the necessity of a higher standard of preliminary requirements by medical colleges, but would not include a knowledge of the classics among such requirements. He would substitute the study of physics, biology and German. He was of the opinion that, in spite of the disregard of preliminary requirements on the part of the medical colleges generally, the average of intelligence is as high among the practitioners of medicine as among the members of other professions. He urged the necessity of uniformity in matters pertaining to medical education by the various medical colleges and suggested the appointment of a committee on "The Uniform Action of Medical Colleges." He thought the advancement of the cause of medical education must be effected through such members as are not engaged in teaching. He pleaded eloquently and forcibly for the code of ethics, holding that this instrument has exerted a most salutary influence in the medical profession of this country, unifying it, and developing a professional sentiment which would probably not have existed without it. His objections to the New York movement were stated inferentially rather than directly. He enlarged on the philanthropic feature of the medical profession, and the great good to humanity which flowed directly and indirectly from it. Referring to the International Medical Congress, for 1887, he thought it should be held in this country rather than Copenhagen. He alluded with deep feeling to the alarming illness of Dr. Samuel D. Gross. He pleaded earnestly for the Army Medical Museum and Library, the largest most valuable and most practical in the world, and urged upon Congress the necessity of providing fitting buildings for their accommodation and protection.

The address was warmly applauded, and at its close the association adopted a resolution of sympathy for Dr. Gross, which was communicated by telegraph, and a committee was appointed to take special charge of the recommendation touching the International Medical Congress for 1887.

Adjourned.

Wednesday, May 7, 1884.

The Association was called to order by the President at 10:00 A. M.

The President announced the death of Dr. Samuel D. Gross, ex-President of the Association, and spoke briefly in eulogy of his memory. A committee was appointed to draft resolutions of respect.

Dr. A. N. Bell, from a committee appointed to consider means for securing more efficient medical sanitary services on board oceanic passenger steamers, reported the draft of a bill which had been placed in the hands of Hon. W. Slocum, who had introduced it in the House of Representatives. It provides that in all such vessels two compartments shall be provided exclusively to be devoted to hospital uses, one for men and one for women. It requires the employment of a medical practitioner, and when the number of prssengers exceed 600 he is to have an assistant. The doctor is to report to the captain such regulations as he wishes carried out.

On motion it was decided to memorialize Congress to pass this bill.

A nominating committee was appointed consisting of one representative from each state.

Following this Dr. John V. Shoemaker, Chairman of the Section of Practice of Medicine and Materia Medica, delivered his address. It opened with a review of the bacillus theory of the causation of consumption, giving the views of eminent observers and investigators of this subject. These views show a diversity of opinion touching the importance of Koch's discovery, some holding that the bacillus is the cause of the disease and others that it is merely the effect. The opinion held of the nature of the bacillus must influence that held touching the communicability of phthisis. Those who hold that the bacilli are etiological factors and not pathological results must be committed to a belief in the contagiousness of the disease, and *vice versa*.

Alluding to renal diseases, he asserted that albuminuria has long been the subject of scientific inquiry, being considered more and more of nerve origin. Its close relation to diabetes, with mutual interchange in certain affections, has brought forward the proposition that both albuminuria and glycosuria may be produced by irritation of certain parts of the floor of the fourth ventricle. The hypertrophy of the muscular coat of the arterioles, and the increased tension of the vascular system, are also claimed to be due to irritation of the vasomotor centres of the medulla. The latter, especially, has proved valuable in modifying the treatment of albuminuria. That the toxic influence of certain substances, as well as severe febrile affections, is productive of albuminuria is well known, and a recent instance has been cited where it occurred after varicella. Peptonuria has been investigated and found to co-exist with suppuration from various causes, or with large exudations.

The question of the charges made against American pork, in Germany, was discussed, and the conclusion reached that the danger of trichinosis, from its use, had been much exaggerated—that there is more "trichiniphobia" than trichinosis in Germany.

After discoursing of other interesting matters, particularly on the subjects of cholera and yellow-fever, Dr. Shoemaker turned his attention to the subject of therapeutics, and remarked that while in past years they were ignored to a great extent by many physicians and scientists, they had undoubtedly now assumed new features entitling them to a prominent position. Entering into details, he gave a list of some of the permanent remedies which have found approval during the past year, auch as kairine among the antipyretics; paraldehyde, a substance isomeric with aldehyde; the abrus precatorius, the jequirity bean of Brazil; the salts of nickel, and especially its bromide; the bismuth salicylate; nitro-glycerine; and the chloride of gold and sodium, etc.; in connection with them, mentioning the discases to which they are applicable. Treating of antiseptic inhalations he claimed that the vast research in the field for micro-organisms as causative elements of disease, and the discoveries made therein, have given a new impetus to antiseptic treatment, in every branch and affection. Antiseptic inhalations for pulmonary diseases have proved of value whether the germ theory be sustained or not.

The address, in conclusion, argued for the necessity of a complete medical education, in all departments, as a qualification for the practice of a specialty. It held that all national associations of specialists should be subordinate to the American Medical Association—composed of the active, "all-round" practitioners.

Our young men should learn that knowledge must come to them by the coöperation of their professional brethren from all parts of our country, rather from a few, who, in their exclusiveness, set themselves above the active members of the greatest and most humanitarian of all professions.

Dr. T. A. Reamy, of Ohio, chairman of the section on obstetrics, read his address.

He held that the enterprise of the medical journals kept the profession so thoroughly posted in the progress of medicine, in all its departments, that he felt any attempt to review such progress, during the past year, unnecessary. In lieu of such review he gave notes of 231 cases of the operation of

Laceration of the Cervix Uteri, without a single death. His method of operating is as follows: 1. He uses nothing with which to draw down the uterus except a single vulsellum, seizing one lip at a time. 3. He draws the uterus down as little as possible. 3. He outlines the denudation with a sharp knife, and then cuts the tissues included in the line with sharp scissors, which prevent rolling of the tissues at the borders of the line of denudation. 4. He allows the parts to bleed freely, but according to the condition of the tissues the absorption of which he wishes to promote. 5. He uses the half-circle needle, Chinese silk and a plain needle-holder. Silk sutures may be left in for fifteen to thirty days, without danger of cutting out. The perinæum may be perfectly healed before the cervical sutures are removed. 6. Wash out the cervical canal with a recurrent stream. Wash the vagina with carbolized hot water, within an hour after the operation, and then the vagina should not be syringed out until the sixth day, when it shouid be again washed out, and the syringe used daily until the patient is discharged.

Drs. Buford and Stevens, representatives of the Canadian Medical Association, were invited to seats on the platform.

An invitation was read from the managers of the New Orleans Cotton Exposition for the Association to hold its next annual meeting in one of the rooms of the exposition building.

Dr. Henry Smith, of Philadelphia, offered a resolution to the effect that as an attempt was being made to restrict by legislation the practice of investigation in medical science by vivisection, and that as such restriction is not needed by medical men, a

committee be appointed to oppose such legislation. The resolution was adopted and referred to the following committee: Drs. H. C. Wood, Wm. Pepper, James Tyson, of Pennsylvania; Christopher Johnson, Maryland; J. C. Dallas, Austin Flint, jr., New York, and J. S. Billings, U. S. A.

Dr. Atwood, of St. Louis, offered a resolution in reference to objections to medical colleges advertising so generally as tending to increase the number of scholars and lowering the standard. Dr. Benjamin, of Maryland, offered an amendment urging upon all medical colleges the necessity of elevating the standard of education. After remarks by Dr. Henry, of New York, the resolution as amended was adopted.

Adjourned.

THURSDAY, May 8, 1884.

The Association came to order at 10:00, A. M.

The President appointed a committee to nominate trustees for the Journal, to fill vacancies.

Dr. G. M. Sternberg offered a motion for the appointment of a commitee of five, who should petition Congress for an appropriation for the investigation of causes and prevention of infectious diseases. The motion was carried and Drs. Sternberg, Gihon, Hays, Dalton and Reeves were appointed as the committee.

A resolution was presented by Dr. Keller, of Arkansas, to the effect that in a few years the cremation of the dead would be regarded as a sanitary necessity, that the decision of the courts had pronounced this method legal, and that from hygienic, religious,and sentimental standpoints this method of disposing of the remains of the dead was the best. Dr. Keller said that the remains of the late Dr. Gross were now on their way to be cremated, and asked for the adoption of his resolution. The chair ruled that the resolution was out of order because it introduced new business.

The committee on International Medical Congress reported in favor of the suggestion in the President's address which they had been appointed to consider, and named Washington, D. C., as the place of meeting. They advised an appropriation of $500 from the Association treasury towards defraying preliminary expenses. The report was adopted.

Dr. Toner, Chairman of the Board of Trustees of the Journal, reported the total income of the journal for the first year as $18,547.50. The expenses deducted from this amount left a balance in the treasury of a little over $500. He reported also that the editor, Dr. N. S. Davis, had tendered his resignation, but had been prevailed upon to withdraw it, with the understanding that he should be permitted absolutely to withdraw at the end of the year.

Dr. Packard presented a minority report in which he criticized the Journal severely, and recommended that the editor's resignation be accepted and that the office of publication be transferred to either Washington, New York or Philadelphia.

The minority report was laid on the table by a vote of 191 to 74, and the majority report was adopted.

The following names were presented by the Committee on Nominations and they were duly elected to the respective positions named:

President: Henry F. Campbell, Georgia.

Vice-Presidents: J. S. Lynch, Maryland; S. D. Mercer, Nebraska; J. W. Parsons, New Hampshire; H. C. Ghent, Texas.

Treasurer: R. J. Dunglison, Pennsylvania.

Librarian: C. H. Kleinschmidt, D. C.

Chairman Committee of Arrangements: S. D. Logan, New Orleans.

Assistant Secretary: W. H. Watkins, New Orleans.

Members Judicial Council: J K. Bartlett, Wisconsin; J. H. Murphy, Minnesota; J. M. Toner, Washington; W. Brodie, Michigan; H. P. Holton, Vermont; A. B. Sloan, Missouri; Ulrich, Pennsylvania; W. M. Beach, Ohio.

Officers of Sections: Practice of Medicine.—Chairman, H. B. Didama, New York; Secretary, G. M. Garland, Massachusetts. *Surgery and Anatomy*—Chairman, Duncan Eve, Tennessee; Secretary, C. B King, Pennsylvania. *Obstetrics and Diseases of Women.*—R. S. Sutton, Pennsylvania; Secretary, J. Jelks, Arkansas. *State Medicine.*—Chairman, E. W. Schauffler, Missouri. *Opthalmology, Otology and Laryngology.*—Chairman, J. A. White, Virginia. Secretary, Eugene Smith, Detroit, Michigan. *Diseases of Children:*—Chairman, J. H. Pope, Texas; Secretary, S. S. Adams, Washington. *Oral and Dental Surgery.*—Chairman, A. W. Harlan, Illinois; Secretary, J. E. Mears.

Place and Time of Next Meeting: New Orleans, La., last Tuesday in April, 1885.

The address of the Chairman of Section on Surgery and Anatomy, Dr. Parkes, of Chicago, on "Effects and Results of Operations for Relief of Gunshot Wounds of Small Intestines" was read by title and referred to the section.

Adjourned.

FRIDAY, May 9th.

The meeting was called to order by the President.

Dr. Dalton, of New York, offered a motion, which was unanimously adopted, committing the Association to the endorsement of experimentation on animals, as a useful source of knowledge in medical science.

On motion of Dr. E. Grissom, it was decided that all vacancies in the Board of Trustees for the Journal be filled by the Committee on Nominations.

The Committee on Resolutions on the death of Dr. Gross were given further time in which to present their report.

Dr. N. S. Davis, for the Committee on the President's Address, reported that no report on subject of declarations concerning medical ethics would be made, and asked for the appointment of a committee of five to report at next annual session such explanatory declarations as such committee may deem

called for. Report accepted and Dr. Davis appointed chairman of committee asked for.

Dr. J. H. Packard presented the revised amendment offered at the St. Paul meeting: "That membership shall be acquired by any one received as a delegate, and that he shall remain a permanent member as long as he continues in good standing in the society from which he is sent, and keeps up his annual dues." Adopted.

Dr. Von Klein proposed as an amendment to the constitution a clause providing that graduates from medical colleges which do not require literary education as a pre-requisite to graduation, shall not be eligible to delegateship to the Association, but that the provision shall not apply to the army and the navy.

Dr. Pratt moved as an amendment to the constitution a clause providing for the election of officers of sections by the sections themselves.

Dr. Cochrane moved an amendment preventing the Nominating Committee from nominating any of their own number for officers.

Dr. Deering J. Roberts read an address on State Medicine, in which he deplored the antagonism between the National Board of Health and the Marine Hospital Service.

Dr. J. J. Chisolm, chairman of the Section on Ophthalmology, Otology and Laryngology, read an address on the "Uusfulness of Special Knowledge and Desirability of Using Well-defined Special Medical Truths by General Practitioners."

The Chairman of the Section on Diseases of Children, Dr. William Lee, read an address reviewing the advances in his department during the past year.

Dr. Campbell, President-elect, was escorted to the chair.

Dr. Van Klein offered a resolution providing for the dispensing with prayer at future meetings of the Association. It was unanimously tabled.

The West Philadelphia Medical Society offered a communication urging the members of the Association to send pupils only to such colleges as adhere to the Code of Ethics.

Referred to Judicial Council.

On motion a committee of five was appointed to consider the subject of erecting a monument to the memory of Dr. Benjamin Rush.

Delegates were appointed to foreign societies as follows:

Drs. J. W. S. Gouley, E. C. Harwood, H. D. Didama, C. C. Wycoff, Fred Hyde, N. C. Husted, G. T. Stevens, and J. C. Hutchinson, New York; S. C. Gordon and T. L. Estabrook, Maine; A. J. Jones, E. M. Dent, and J. F. Gabriel, Virginia; C. E. Vaughn, and H. O. Marcy, Massachusetts; J. V. Shoemaker, N. A. Hobday, and W. H. Daly, Pennsylvania: H. P. C. Wilson, Maryland; D. W. Prentiss, L. Friederich, and S. C. Busey, District of Columbia; J. M. Browne, U. S. Navy; J. S. Billings, U. S. Navy; Edward Boerck, Missouri; T. J, Gallaher, and A. M. Pollock, Pennsylvania; C. Deveny, Illinois; C. Johnson, Maryland; Austin Flint, New York; H. F. Campbell, Georgia. Delegates Canadian Medical Association, W. S. Tremaine, and E. N. Bush, New York; W. Brodie and H. O. Walker, Michigan. British Science Association, W. Brodie.

After the usual motion of thanks, by Wm. Brodie, to every person and every body of persons who in any contributed to the edification and entertainment of the Association, a motion to adjourn was put and carried.

MEETINGS OF SECTIONS.

PRACTICE OF MEDICINE AND MATERIA MEDICA.—The Section on Practice of Medicine and Materia Medica of the American Medical Association was called to order in the Congregational Church of Washington, D. C., at 2:30 P. M. Tuesday, May 6th, 1884, by the Chairman, Dr. J. V. Shoemaker, of Philadelphia.

The first paper was read by Dr. Edward Janeway, of New York, and was entitled:

SIMULATION OF PATHOGNOMONIC SIGNS AND SYMPTOMS.—He was led to write his paper from seeing so many mistakes made by relying on the so-called pathognomonic signs. Snap diagnoses are very liable to lead to mistakes. Choked disk was at one time thought to be pathognomonic of cerebral tumor. We now limit it to an indication of increased intracranial pressure. Certain conditions of the retinal vessels were also relied upon as determining the state of the circulation within the brain. Tremor is relied on as indicating multiple sclerosis, but before this meaning can be attached to it, metallic poisoning and the effects of alcohol must be excluded.

The significance of coma is often difficult to determine. Some assert that in uræmia the temperature is elevated, while others assert that it is normal. A lower temperature at the onset with a subsequent elevation, is relied upon by the author as indicating cerebral hemorrhage. Some would rely upon albumen and casts in the urine, but this may be misleading, for in cerebral hemorrhage there is often renal disease. There is no reliable guide in distinguishing embolism from hemorrhage. Heart symptoms may exist and yet the case not be one of embolism, while, on the other hand, these may be absent and yet the attack be one of embolism, the embolus coming from a clot outside of the heart.

In some cases of fever there is rigidity of the muscles of the neck, and this may lead to the diagnosis of meningitis. In pulmonary sounds, vocal fremitus cannot be relied upon as distinguishing consolidation of the lung from pleural effusion. It may be present in the latter condition and may even be intensified. Bronchial breathing is frequently present with pleural effusion. It is, however, usually found at the upper limit and is somewhat sniffling in character. Sometimes it is so distinct that the best observers may be misled.

The physical signs of cavity may exist with the lung solidified or compressed with fluid. The writer drew attention to what he termed normal pectoriloquy.

In heart diseases, it is supposed that if a murmur is heard over the heart it is due to disease of the valves. This is not always true. The double arterial murmur is not always diagnostic of aneurism, the writer reporting cases in which it was due to pressure of a tumor.

The doctor then alluded to the great liability of mistaking the dyspnœa of Bright's disease for that accompanying cardiac troubles. In regard to the presence of albumen in the urine, this may occur in healthy individuals. Hyaline casts may also occasionally come from healthy kidneys.

Dr. Donaldson, of Baltimore, thought that there were points of distinction between the bronchial breathing of pleural effusion and that of pneumonia. In pleurisy it is more pronounced in inspiration than in expiration. It is also less harsh. It is not ordinarily heard at the commencement of the effusion. At least one-third of the pleural cavity must be involved before bronchial breathing is heard.

Serious lesions of the heart may have no murmurs. This is preëminently true in large insufficiency of the mitral valve. The intensity of the murmur being directly proportional to the smallness of the orifice. Mitral stenosis may be present without murmur and the writer could recall eleven cases in which this had happened.

Dr. Lynch, of Baltimore, referred to a case which he had seen a number of years ago, in which bronchophony was associated with pleurisy. He explained its occurrence by the existence of adhesions between the pulmonary pleura and that of the diaphragm, preventing compression of the lung.

Dr. Janeway stated that the bronchial breathing was heard near the top of the fluid in pleural effusion, not going more than two inches below the level. The mistakes were made in not recognizing this peculiarity.

Dr. Austin Flint, Sr., of New York, read a paper on

THE CLINICAL STUDY OF THE HEART SOUNDS.—He divided the heart sounds into five distinct sounds, two of which were diastolic and three systolic. The diastolic sounds are the aortic and pulmonic, being made at the corresponding valves. The systolic sounds are the mitral, tricuspid and sound of impulsion produced by the impulse of the heart against the chest wall. The booming character of the first sound is due to the impulse. This is heard with the greatest intensity at the apex. The mitral sound is heard a little to the left of the apex, while the tricuspid is heard to the right.

The writer next considered the significance of alterations in the character of each of these sounds. Incompetency of the aortic valve is generally, if not invariably, represented by a regurgitant murmur. This simply shows incompetency without giving any idea as to the amount. This is to be determined from other points, particularly by a comparison with the power of the left ventricle, as shown by the sound of impulse. Abnormal increase in the intensity of the aortic sound is referable to two causes: 1. Increased power of the systole of the left ventricle; 2. Increased blood pressure in the systemic arteries. Experiments have been made which tend to show that increasing the blood pressure has no effect on the aortic sound. The intensity of the pulmonic sound is increased by increase of the blood pressure in the pulmonic arterial system. Insufficiency of the mitral valve is represented by a murmur, which simply denotes insufficiency without giving information as to its amount. The sound of impulse furnishes this. The sound of impulse is increased in cardiac hypertrophy and diminished or absent in weakness of the ventricular systole. Alterations in the tricuspid sound are not of much importance on account of the rarity with which this valve is attacked with disease. Hypertrophy of the right ventricle intensifies it.

Dr. Fred. C. Shattuck, of Boston, stated that many authors claim that the muscular contraction is an important element in the formation of the first sound of the heart.

Dr. James C. Wilson, of Philadelphia, referred to the fact that the Germans had for some time been following the plan suggested by Dr. Flint, in the study of the heart sounds. He had himself been employing a similar plan, dividing the sounds into four instead of two. He would like to hear what Dr. F. had to say in regard to the muscular contraction being one element of the first sound.

Dr. McSherry, of Maryland, spoke of the value of a study of the pulse, and contrasted our present knowledge of a disease of the heart with that of thirty years ago.

At this point a telegram was received from Philadelphia, announcing the death of Professor S. D. Gross. A motion to adjourn the meeting of the section was made.

Before the question was put, Dr. Austin Flint, Sr., stated that he had been an intimate friend of Dr. Gross for over thirty years, and he believed that Dr. Gross would be the last to wish that the proceedings of this convention should be interrupted by his departure from this world. The motion was not adopted.

Dr. J. S. Lynch, of Maryland, referred to the importance of alteration of the aortic sound in Bright's diseasese. He thought that a large part of the booming character of the first sound was due to the vibration of the aortic walls at each systole of the heart. He could not understand why increase in the blood pressure in the large arteries should not increase the intensity of the aortic sound. Dr. F. had stated that the intensity of the pulmonary sound was increased by increase of blood pressure in the pulmonary arterial system. Why should not the same result follow increased pressure in the systemic arteries?

Dr. Garland, of Massachusetts stated that it was often difficult to decide whether a murmur was co-incident with or replaced by the cardiac sound. This is important to decide in diagnosis. He spoke of the importance of getting rid of the respiratory movements in trying to determine this point. A murmur will sometimes disappear when the breath

is held for a moment. A deceptive murmur is sometimes heard at the base of the heart, to the right or the left of the sternum, and up and down its border. It is systolic in time. The peculiarity of this murmur is that it disappears on full inspiration.

Dr. Donaldson thought it a question whether or not the impulse of the heart could produce a sound. Muscular contraction does not produce a sound, or at least not of sufficient force to be heard without very delicate instruments. Experiments have shown that the first sound is produced by the closure of the mitral and tricuspid valves. Where these have been prevented from closing the sound has been absent. In regard to pre-systolic murmurs Dr. Leaming, of New York, has claimed, with much plausibility, that they are not really pre-systolic, but that they occur at the beginning of the systole.

Dr. Flint, in concluding the discussion, said that many of the points advanced were in reference to the mechanism of the sounds and in regard to murmurs. These he had not touched on in his paper and therefore he waived any consideration of them at this time. His paper was concerned solely with the clinical aspects of the heart sounds. In regard to the Germans having taught the subject in the same manner as he did, he would call attention to the fact that twenty-six years ago he had pointed out this plan. He could not explain why the blood pressure acted differently in the pulmonic and systemic arteries, but such appeared to be the fact.

Louis A. Duhring, M. D., Professor of Skin Diseases in the University of Pennsylvania, then read a paper on

Dermatitis Herpetiformis. Under the name of Dermatitis Herpetiformis, the author proposes to group a number of cases of a rare disease of the skin which he has met with from time to time, having some features in common with several well-known diseases, notably herpes, pemphigus and eczema, but which nevertheless is distinct from these affections. It manifests itself by the formation of erythematous patches of an urticarial or erythema-multiforme like character; variable-sized, irregularly shaped or stellate, flat or raised, more or less grouped, herpetic vesicles; blebs of similar character; pustules, flat or accumulative, whitish in color, with a more or less inflammatory base; and papules, vesico-papules and variously sized, circumscribed infiltrations; all the lesions inclining to assume an herpetic character (taking herpes zooster as the type of eruption), accompanied with violent itching. One or another of these varieties of lesions may be present alone, or as often happens, they may appear together as a mixed or multiform eruption, or the several forms may succeed one another during an attack or as a subsequent relapse. The disease is remarkable for the multiformity of lesion. Thus it may be divided into the erythematous, papular, vesicular, bullous, pustular and multiform varieties. This protean and multiform nature of the disease has been previously pointed out by the author in the second edition of his treatise on skin diseases, in considering the "impetigo herpetiformis" of Hebra, which represents the pustular variety of dermatitis herpetiformis, according to Dr. Duhring.

The erythematous variety bears some resemblance to urticaria and especially to erythema multiforme, the variegation in color and pigmentation, calling to mind the latter affection, but the course of the disease is chronic, this variety usually giving way sooner or later to three forms of eruption.

The vesicular variety is of more frequent occurrence, the lesions varying in size from a pin-head to a pea. They are usually flat, irregularly shaped, angular, glistening, pale-yellowish, firm, and as a rule, are unaccompanied by areolas. They are aggregated or occur in little clusters of two or three, and may coalesce. The eruption is usually profuse, and, as a whole, is generally disseminate. In chronic cases there is considerable pigmentation. The itching is intense. Dr. Duhring regards this variety of the disease as being probably identical with the "herpes gestationis" of some authors.

The bullous variety shows blebs having general characters like the vesicular variety and is liable to be mistaken for pemphigus.

The pustular form exhibits itself in variously-sized rounded or flat, usually tense, whitish pustules, resembling impetigo and ecthyma. They incline to flatten and spread on the periphery, crusting in the center. They possess usually, "angry-looking" areolæ, and have a "drawn-up" or "puckered" appearance, and like the other lesions, tend to be angular in outline. They incline to form in groups of two or three or more, which may coalesce.

The grouping is further peculiar in that the central pustule will often be immediately surrounded by a variable number of smaller (pin-point or pin-head sized) pustules, sometimes in a circular form, as in herpes iris. But this arrangement is not constant. This variety of the disease has been described by by Hebra under the name of Impetigo herpetiformis.

In all the varieties of dermatitis herpetiformis, there is a disposition for the lesions to manifest themselves in patches or in groups, taking on an herpetic character, and to extend about the periphery. A variable amount of constitutional disturbance is present, especially with each new outbreak. The itching and burning are violent. The disease shows a marked tendency to appear in crops and moreover to relapse, its course often extending over years. All regions are liable to invasion. It occurs in both sexes, and usually in early adult or middle life. It is often met with during the parturient state, and is a serious disease, the pustular variety being especially grave. It is very rebellious to treatment. It is a neurotic manifestation. The author has encountered 15 cases.

The author concluded his paper by giving the following resumé.

1. The existence is shown of a distinct, clearly-defined, rare, serious, herpetic disease of the skin, manifesting itself usually in successive outbreaks,

characterized by more or less systemic disturbance, a variety of primary and secondary lesions, and severe itching and burning.

2. The disease is capable of appearing in many forms, having a tendency to run into one another irregularly, the principal varieties being the erythematous, vesicular, bullous and pustular, which may occur singly or together in various combinations.

3. The disease is protean in character, and is remarkable for its uniform multiformity.

4. The pustular variety is the same manifestation as that described by Hebra under the name "impetigo herpetiformis."

5. The term "dermatitis herpetiformis" is sufficiently comprehensive and appropriate to include all varieties of the disease.

6. It may occur in both sexes, and in women independent of pregnancy.

7. It usually pursues a chronic, variable course, lasting years and is very rebellious to treatment.

Dr. James T. Whittaker, of Ohio, read a paper on:

THE ETIOLOGY OF PERICARDITIS.—This is a disease which, from the fact that its local signs are not, as a rule, marked, is frequently overlooked. It often occurs independently of rheumatism, but on account of the frequency of rheumatism, this is the most important single cause of the disease. It is a disease of youth and maturity, occurring most commonly between the ages of twenty and thirty. It may, however, occur in children, and has been noted in the fœtus. It is most commonly seen in those who work hard. The doctor divided it into two varieties, the consecutive or mechanical, and the infectious or mycotic. The first follows some direct injury from without or within. The second follows the infectious diseases. Any disease produced by micro-organism may be accompanied with pleurisy. These organisms are especially prone to attack the serous membranes, because, in the first place, their circulation is sluggish and at times stagnant, and, in the second place, in consequence of the abundance of their lymph spaces. In rheumatism, pericarditis occurs most frequently from the fourth to the fourteenth day of the disease. Tuberculosis may produce this disease mechanically, or by the action of the micro-organisms.

Dr. Burris, of Florida, referred to the fact that impurities in the blood often cause symptoms closely simulating pericarditis. He also called attention to the nervous affection of the heart, and the frequent mistakes which were made in diagnosis.

Dr. Prentiss, of Washington, being prevented from attending the meeting, his paper entitled:

IMPORTANCE OF UNIFORMITY IN THE PHARMACOPŒIA.—A plea for greater interest in the Pharmacopœia, on the part of Physicians, was read by title.

Dr. Black, of Illinois, read a paper entitled,

THE PRODUCTION OF POISONS BY MICRO-ORGANISMS, in which, after an extended review of the subject, he summed up in the following conclusions:

1. All cognizable forms of life are dependent upon the products of molecular change in matter for their continued existence.

2. Every cognizable form of life, capable of independent existence, must have the power of digestion for the preparation of food material for the nutrition of its material structure.

Each living cell must appropriate to its nutrition food material prepared by a digestive body of its own, or by the appropriation of material prepared for it vicariously by some allied living cell.

4. Every living cell must support its life and material structure by a continued inhibition and remolecularization of matter within itself, except during special provisions of rest, as in the seed, egg, etc.

5. Every living cell must, as a result of the remolecularization of matter within itself, throw off waste products of two classes, respiration waste, rich in oxygen, and an urinary waste, poor in oxygen. All waste products are poisonous to the lives from which they emanate.

6. The natural organic poisons are uniformly waste products of the organisms in which they are formed.

7. Pathogenic micro-organisms by their remolecularization of matter, form poisons analagous to the vegetable alkaloids, which are the active agents in the production of disease.

8. While I should not class the digestive ferments as diastase, etc., as organic poisons, they may act as irritants when applied to another form of life than that which produced them.

9. Normal tissues resist the invasion of the micro-organisms, by throwing out matter calculated to destroy them or dissipate or nullify their action aroused thereto by the presence of an irritant agent given out by the micro-organism.

The last paper of Tuesday's session was read by Dr. Traill Green, of Easton, Pa., on

THE NEW OFFICINAL CHLORATE.—He regards the chlorate of sodium as far more efficient than the chlorate of potassium. He had been using it since 1866. It is soluble in one and a tenth parts of water. The doctor then mentioned some of the diseases in which he has employed it. It is applicable to all conditions in which the potassium salt has been used. He had employed it in poisoning with the Rhus toxicodendron with great satisfaction, bathing the part with a solution of from one to three drachms to the pint of water. For 18 years he has used no other treatment. A solution of 12 grammes to a litre of water is a soothing application in erysipelas. The caution was given not to allow the clothes saturated with the solution to become dry, because they were readily set on fire. In conjunctivitis a solution of 4 grammes to 500 c.c. of water is of service. The sodium salts do not act on the heart as do the potassium compounds. A section of heart muscle placed in a solution of potassium salt is soon completely paralysed, but if removed, and placed in a sodium solution, its irritability is regained.

Dr. Caldwell, of Baltimore, had also used the

sodium chlorate with satisfaction, and fully endorsed the statements of Dr. Green.

Adjourned.

WEDNESDAY, May 7th, 1884.

At 11 o'clock, the Chairman of this section, Dr. J. V. Shoemaker, of Philadelphia, presented his address. (See abstract in report of general meeting).

At 2.30 P. M., the regular session convened.

The first paper was read by Dr. R. Harvey Reed, of Mansfield, Ohio, on

A PERIODICAL PAINFUL AFFECTION OF THE LIVER, ITS CAPSULE OR BOTH.—The paper described a peculiar train of symptoms which the writer and Dr. J. W. Craig have found occurring in a number of patients during the past six or seven years, which he inclined to believe is the result of an irritation of the capsule of Glisson. He defined the disease to be a rheumatoid irritation of a part or all the connective tissue which forms the inner tunic of the liver, and envelopes the portal vein, the hepatic artery and duct, together with the lobules of the liver, and which is characterized by burning, boring, throbbing, darting or lancinating pain occuring usually at night, but unattended with signs of inflammation, by chill, fever, constipation, loss of appetite or headache.

The cause of this affection was attributed to sedentary habits, the writer stating that neither he nor Dr. Craig had ever seen it occurring in strictly active persons, and it is seldom observed in persons addicted to intemperate habits, or in those afflicted with syphilis, either constitutional or acquired, but mostly in persons of unquestionable habits.

The symptoms are described as coming on so insidiously that the patient is scarcely aware that he is afflicted with anything more than a slight colic or a touch of neuralgia, until it gradually increases in frequency and severity of so grave a nature as to become alarming.

The attacks are described as coming on periodically, generally at night after the patient has retired and fallen asleep, when he is awakened with a burning shooting pain in the region of the liver of an exceedingly distressing character which may last for hours or even days.

The doctor, after giving the differential diagnosis between this disease and the passage of gallstones, interstitial hepatitis, congestion of the liver, perihepatitis, inflammation of the bile ducts, cirrhosis and hepatalgia, remarked that the prognosis was exceedingly favorable he has yet having never met witha fatal case.

He stated that while it would continue for years if not properly treated, it would generally yield in a few weeks to a proper line of treatment.

The treatment which the writer found to be the most successful consisted in the use of alkalies combined with bitter tonics, of which he preferred the bicarbonate of sodium and pulverized hydrastis canadensis (about five grains of the latter to a teaspoonful of the former), given in a half a glass of water before meals, or the sulphate of soda combined with the sulphate of hydrastis, before each meal.

He considered the use of mercurials in this disease as injurious rather than beneficial, and advised the use of anodynes only when the pain was too severe to get along without them.

The writer closed his paper by giving the reports of three cases, occurring at intervals during seven years, selected from some twenty-five cases which the author had seen altogether, as an illustration of the peculiar train of symptoms described in the paper.

Dr. William Pepper, of Philadelphia, read a paper on

EPILEPSY.—In a purely clinical discussion of epilepsy, our conception of the disease must be a broad one. Strictly, cases of organic disease should be excluded. This is, however, sometimes difficult. There is no trouble in those instances in which the common symptoms of brain tumor are present, but in those cases in which epilepsy follows sunstroke, distinction is not so clear.

Hysteria should also be excluded. While typical epilepsy and typical hysteria are readily distinguished, yet there are many facts showing their analogy. A case was then quoted, of hysteria associated with neurasthenia, apparently, dependent upon membranous enteritis, with great prominence of the vaso-motor symptoms and the appearance of crops of stigmata before the attack.

Both epilepsy and hysteria represent conditions of mal-mutrition and morbid sensibility and irritability of nerve tissue brought about in the most varied manner. In hysteria, it would seem that the ganglionic nervous tissue is especially vulnerable, and that the gray matter within the encephalon, less so, though instability of this may co-exist. An attack may be induced through violent disturbance of ganglia, controlling intra-cranial circulation and consequent discharge from unstable gray centre, in cortex or elsewhere. Epilepsy would seem to depend upon a supremely unstable condition of one or more areas, of the gray matter within the encephalon, rendering it liable to sudden and violent discharges. This instability may be brought about in very varied manner. The most prominent influences are, heredity, nervous exhaustion, as from over-growth, over-strain or exhausting illnesses, shock or sudden powerful impressions as from physical injury, with or without distinct lesion of the cranial bones, sunstroke, purely psychical shocks as from fright, instability of circulation, with disturbed nutrition of the brain as in heart disease, and in connection with heart disease there is a possibility of minute embolisms interfering with the nutrition of small areas, prolonged peripheral irritation, especial reference being made to chronic catarrhal irritation of the gastro-intestinal tract. A considera-

tion of these points, teaches that these cases, grouped under the name of epilepsy, are not afflicted with a single definite disease, but, they exhibit in common, merely a state of impaired nutrition, and morbid instability of the gray matter, varying greatly in different cases. In some cases there are probably minute molecular changes in the nervous tissue. In a large number of cases, however, the recurring convulsions are connected, not with irregular, advancing, morbid tendency, or irregular, progressive, anatomical change, but with occasional and irregular operation of those widely different causes, which are calculated to disturb the weak center and induce explosive discharges.

The evil effects of habit are prominently exhibited in this disease, so that if the instability cannot be reduced and the provoking causes not removed, the attacks will be more and more readily induced, until they will at last be excited by almost imperceptible causes.

It is important to recognize the degree of instability in these cases. Everyone is liable to convulsions; it is merely the question of the provoking cause required. Provoking cauees cannot be found in all cases of epilepsy, but the more closely they are sought for, the more frequently will they be found. A careful study in this direction is of the greatest importance in every case.

Among the most frequent provoking causes may be mentioned, indiscretions in diet, or improper food. This may act in different ways, by exciting local irritation of the mucous membrane, which will act in a reflex manner, or it may induce a condition of toxæmia from the admission to the blood of imperfectly elaborated elements, or from the failure of the emunctories to remove some product of malassimilation. In many of the cases seen by Dr. Pepper, the attacks bore a close analogy to the spells of vertigo induced in lithæmic patients by indiscretions in diet. In this connection, allusion may be made to the fact that the injection of the normal digestive ferments into the general circulation, is capable of inducing serious nervous symptoms, even convulsions and death.

Scarlatina is frequently followed by epilepsy. In some cases this is explained by the tendency to wide-spread tissue change, so that impaired nutrition of the gray matter might be expected to occur at times. In other cases this disease may act by leaving such a degree of renal insufficiency, as will, under comparatively slight causes, lead to toxæmia, from the retention of mal-assimilated materials. It does not seem necessary that such a condition should reveal itself by the presence of albumen in the urine, although Huppurt states (Archiv. fur Psychiatrie, 1877, p. 189) that immediately after an epileptic attack, albumen is almost invariably present, and hyaline tube-casts can frequently be found.

In those cases in which the morbid state of the nervous system has been brought about by sunstroke, or exposure to excessive heat, it will often be found that attacks will be induced by undue exposure to the rays of the sun, or even to intense light. When the nervous instability is associated with cardiac lesion, I have frequently noticed that muscular exertion or excitement of the circulation directly induced the attacks. In all cases, mental excitement or too close application, or sexual excess, will favor the occurrence of the seizures. These causes are operative on account of the constitutional susceptibility.

It is often stated that epileptics are in full health. This certainly does not accord with my experience. Careful study has usually shown some derangement or impairment of important functions.

The principles of rational treatment must follow from such considerations as the above. No one plan of treatment is applicable to all, or even to a large majority, but each case requires separate study, and a special line of treatment.

The primary cause should be removed, if it can be discovered, and the same is true of the provoking cause. The leading principles of treatment are to relieve anæmia, neurasthenia, and morbid susceptibility by diet, change of occupation, change of residence, and rest. Intestinal irritation should be removed, especial reference being made to an absolute milk diet, long continued. Other special forms of diet are required, in certain cases. Nitrate of silver is of particular value in those cases where gastric intestinal irritation is a prominent condition.

Over-exertion should be avoided in all cases, and especially in cardiac cases. Excitement and over-exertion of mind should also be guarded against.

Counter-irritation should be employed, the best effect being obtained from the acturl cautery, and this of special value in those cases where definite intra-cranial irritation is suspected, as after insolation. The cautery occasionally exerts a good effect in organic cases.

Trephining is valuable in a considerable number of cases, when circumscribed lesion of the cranial bone is suspected.

The removal of genital irritation is important. the question of circumcision being the most important. Its value has, however, probably been overestimated.

It is important to arrest the attacks, if possible, for their continuance strengthens the bad habit and renders suqseuuent attacks more readily developed. The use of the ligature to arrest the aura, nitrite of amyl and other expedients, may be employed. Various drugs are to be recommended, such as the bromids, belladonna and asafœtida, enemas of chloral, iron an other tonics. The great value of the bromides is recognized, but caution is to be given in regard to their frequent failure, their abuse, and their dangers.

The danger of drifting into a routine treatment is greater, and its results more disastrous, in this disease, than any other.

DISCUSSION.

Dr. Austin Flint, Sr., of New York, believed that

the manifestations of epilepsy were dependent upon a toxical agent of some kind produced in the body in some manner. He advanced the following points as favoring such a view.

The first point is the absence of any generally received pathological doctrine. He assumed as a postulate that epilepsy had no established anatomical characters. It may be associated with different lesions, and in a certain number of cases no lesion is discoverable. The rational inference is that these lesions have only an incidental connection, if their connection is not entirely accidental. It may also be asserted that the manifestations of epilepsy occur without being preceded by any morbid condition which may supposed to be causative. Epilepsy is essentially one of the neuroses. There are no obstacles to be removed to make way for a new doctrine.

The second point is the analogy existing between the phenomena of epilepsy and those known to be produced by a toxical agent. The closest analogy exists between epilepsy and uræmic coma and convulsions. An attack of uræmic coma and convulsions may so closely simulate epilepsy, or the reverse, that a diagnosis cannot be made until the urine has been examined. Reasoning on the principle that like effects are referable to like causes, he submitted the reasonable conclusion that the pathology of epilepsy is in some sense similar to the pathology of uræmic coma and convulsions.

The third point is that certain facts in the clinical history of epilepsy are more readily accounted for on the view of a toxical agent than on any other supposition. Among these are the short duration of the epileptic seizure and the immediate recovery of the patient in many instances to his ordinary condition of health. In some instances the patient feels better after the attack. These are explainable on the view that the epileptic paroxysm is due the accumulation of a toxical agent.

Fourth. It is to be remarked that the toxical pathology does not exclude the probability that certain local morbid conditions are more or less important, and may be necessary to the developement of the attacks.

Fifth. Facts pertaining to therapeutics maintain the doctrine of a toxical causation. Up to this time pathological views have failed in giving a successful direction to therapeutical observations. The action of the remedies which have been found useful, as the bromides and belladonna, may be explained by saying that they enable the nervous system to tolerate, to a greater or lesser extent, the toxical agent on which depends the manifestation of the disease.

Dr. Eugene Grissom, of North Carolina: Organic epilepsy is usually inherited, either as such or as the sequel of some other disorder. It may be the result of conception during drunkenness or from prolonged deterioration of the system. It may represent chorea or partial paralysis in the father or hysteria or wasting uterine or ovarian affections in the mother. The influence of heredity is acknowledged by all. It is hardly to be expected that any course of therapeutics can create a man anew.

Functional eplipsy is the more common. It has two sources, the first is any great drain on the vital forces, as, for instance, loss of blood, or the effect of severe fright. The second is irritation of the peripheral nerve-trunks, as those of the skin, cutaneous nerves or splanchnic nerves. It is a curious fact that functional epilepsy expends its powers on the voluntary motions and especially on those most used. Epilepsy is a disorder associated with weakness, and in its treatment a tonic regimen of the voluntary muscular system is of importance. Careful attention to hygiene and diet is required. In cases due to syphilis, iodide of potassium and mercurials are to be used. Where there is primary affection of the sympathetic nervous system, electricity is to be used.

Dr. James F. Hibbard, of Indiana: In the remarks thus far made it seems to have been taken for granted that drugs are to be used in all cases. I have never seen a case of epilepsy cured unless an exciting cause could be recognized. It would be interesting to have a series of statistics showing what percentage of cures are obtained. There are many varieties of treatment, but they all have the same result. There are certain drugs, as the bromides, which do much toward ameliorating the condition. They will arrest the frequency of the convulsions, and that is probably all that can be done. Even if there be a toxical cause for epilepsy, there must be some convulsive diathesis behind this, which makes the subject liable to be effected by the toxic agent.

Dr. J. J. Caldwell, of Baltimore, thought that Dr. Flint could not consider those cases which lasted for years as being due to a toxical influence. A toxical cause must have an ending at some time. Children may have epilepsy and entirely recover. He described several cases in which the occurrence of gout had been followed by the subsidence of the epileptic seizures.

Dr. James Tyson, of Philadelphia, referred to one measure in the treatment which was not used as often as he thought it should be, and that is the use of a seton. In one case which had resisted other measures, a seton in the nape of the neck was followed by recovery which had now continued for 15 years.

Dr. Bartlett, of New York, had observed the same effect from the use of seton. In a case he related the attacks had now remained absent for four years. He endorsed the views of Dr. Pepper in reference to the abuse of the bromides.

Dr. Pattee, of Massachusetts, stated that he used bromides of different substances, according to the general condition associated with the epilepsy. When there was plethora, he used bromide of potassium. In anæmia, bromide of iron or sodium, and in gout, bromide of lithium. Good effects had followed the administration of wine of ipecac in five-drop doses every three hours. The effects of this treatment were especially beneficial in gastro-intes-

tinal cases. Purely psychical influences, as the use of the spirometer, had been followed by benefit.

Dr. Pepper in closing said that he was glad to have the support of Dr. Flint in reference to toxical causation of the disease. He could not think that this would explain all cases. He again referred to the importance of correct hygiene and stated his belief that no drug could act efficiently unless this matter was carefully attended to.

Dr. James C. Wilson, of Philadelphia, read a paper on

The Diagnosis of Tumors of the Anterior Mediastinum.—The most frequent tumors are lymphoma, sarcoma and carcinoma. Carcinoma probably never occurs as a primary disease; primary sarcoma is also rare. Lymphadenoma is a more frequent form of growth. The diagnosis of tumors of this space cannot, as a rule, be positively made. The principal symptoms are pain of a pleuritic character, superficial, not deep as the pain of aneurism. Dyspnœa, dysphagia, constriction and compression in the sternal region. The pain is apt to be paroxysmal and this has diagnostic value. Fever is absent unless due to inflammatory complication. Nutrition is often good, emaciation being, as a rule, due to pressure on the œsophagus. On inspection there is found distension of the veins of the neck, protrusion of the eye-balls, inequality of the pupils and tumefaction of the face and neck from serous infiltration. Asymmetrical protrusion of the upper part of the chest may also be present. Enlargement of the thyroid gland and of the glands at the root of the neck and in the axilla often occurs. On percussion a modification of the area of dullness is found. The auscultatory signs vary greatly in different cases. The heart is usually enfeebled and its rhythm disturbed. The respiratory murmur is diminished and stridor is less common than in aneurism. Great enfeeblement of the respiratory murmur of one side may be of diagnostic value. The differential diagnosis from aneurism is to be based on the history, the presence of malignant growths elsewhere, existence of dullness on percussion without the characteristic signs of aneurism, the presence of pain of a stitch-like character, the sense of constriction, and the age of the patient. Tumors are distinguished from pericardial effusion, by the irregular outline of the dullness which is, as a rule, at a higher level than in effusion, and the absence of any of the common causes of pericarditis.

The doctor then went on to give the differential diagnosis between the different forms of tumor which may occupy the anterior mediastinum.

William H. Welch, of N. Y., read a paper on

The Pathology of Myocarditis.—The doctor thought that too little attention was paid to this affection. Diseases of the heart-walls are among the most important to which this organ is liable. Of all the diseases of the cardiac muscle, myocarditis is the most important. He then described the anatomical peculiarities of this disease. It is not really an inflammatory change, but is the result of degeneration, atrophy and the deposit of fibrous matter due to defective nutrition. This is brought about by partial occlusion of the coronary arteries. This is another condition to which too little attention is paid. He reported a number of cases in which examination of the heart during life had revealed no positive signs of disease, but where, the patient dying suddenly, there was found after death, occlusion of the coronary arteries and myocarditis. He classed the cases which he had seen as follows: 1. Cases where no symptoms referable to the heart were noticed during life, death occuring from other causes. 2. Sudden death without known symptoms referable to the heart, and where lesions of the coronary arteries and myocardium were the only assignable causes of death. 3. Sudden death, preceded by one or more attacks of angina pectoris. 4. Cases where some symptoms of cardiac insufficiency had been present for a short time. 5. Cases attended for months with the usual symptoms of disease of the valves of the heart.

Dr. Austin Flint, sr., reported a case in which he had made frequent examinations of the heart and failed to detect any positive evidence of disease. The patient died suddenly, and at the post mortem occlusion of the coronary arteries was found. In examining for this condition, physicians frequently confine their examinations to the openings of the vessels. This is not sufficient.

Dr. McSherry, of Baltimore, reported a case in confirmation of the statements of Dr. Welch.

Dr. Donaldson asked if there were no way in which this condition could be diagnosed. He suggested that possibly the sphygmograph or an examination of the other arteries might afford some information.

Dr. Janeway thought that the most that could be done in the way of diagnosis was to diagnose weak heart. If there were lesions in the other arteries, the disease of the coronary arteries might be suspected.

Irregular Apoplectic Attacks from Other Causes than Hemorrhage or Embolism.—Gaspar Griswold, M. D., M. R. C. C. S., of New York read a paper on this subject. He employed the term apoplexy, to denote the sudden onset of a train of symptoms in which unconsciousness, hemiplegia and convulsions are more or less prominent, without any reference to the cause of the symptoms. Pathology has taught us the dependence of apoplexy upon cerebral hemorrhage, embolism and thrombosis and has enabled us to distinguish between them with considerable accuracy. We know that unconsciousness is most profound in cerebral hemorrhage; that consciousness may be preserved in embolism, even when hemiplegia is well-marked; and that in meningeal hemorrhage we may have coma and convulsions with illy-defined hemiplegia. Post-mortem examinations have placed the study of organic brain disease upon a very satisfactory basis. Post-mortem examinations cannot help us much in

the study of functional disturbances of the cerebral circulation, for it is generally impossible at autopsies, to decide whether the brain was anæmic or hyperæmic just before death. Moreover, cases of functional disturbance of the cerebral circulation, even when sufficiently severe to cause most alarming symptoms, rarely terminate fatally. We are obliged, therefore, to depend upon experiments and clinical observations for what we know about variations in intra-cranial blood supply. We find that anæmia of the brain causes coma and convulsions, and that heart failure or vaso-motor nerve disturbance may cause anæmia of the brain. Hence we see all variety of symptoms attending functional circulatory disturbances, varying in degree from the lightest shades of vertigo to the profoundest coma The symptoms of cerebral hemorrhage, embolism and thrombosis, are mainly due to disturbance of the cerebral circulation which they produce, in hemorrhage by the presence of the clot, in embolism and thrombosis by occluding the vessels of supply. It is not strange therefore that very similar symptoms should be present when similar disturbances of circulation are produced by heart failure, or when the vaso-motor nerves cause the vessels of supply to contract. A striking difference is apparent, however, when we contrast the persistence of symptoms dependent upon organic disease, with the rapid disappearance of those produced by mere functional irregularities. Cases are occasionally met with where coma convulsions or hemiplegia, due to mere functional disturbance, for some hours so closely resemble the same conditions dependent on organic disease, that the deception is almost beyond detection. In the early stages a mistake is almost unavoidable, and the recovery of the patient is the first thing generally which points the way to a correct diagnosis.

The subject was further discussed in conection with the histories of four cases, in all of which an erroneous diagnosis was made at first, either by the author or by some physician called in accidentally at the time of the attack. In all these cases, a distinctive apoplectic attack occurred, and yet in all, the rapid recovery from alarming symptoms almost absolutely precludes the possibility of organic diseases.

Dr. Janeway reported two cases of apopletic attacks produced by excessive smoking. In these cases the attacks were not repeated after the patient gave up the habit of smoking.

Dr. A. Flint, Jr., referred to some of his experiments on animals, which went to show that cutting off the circulation of the brain, was liable to produce convulsions. This he attributed to the anæmia of the brain rather than to the interference with the respiratory centers. He thought the profession was coming to pay more attention to the effects of variations of the intra-cranial circulation than it had previously done.

The paper of Dr. W. L. Schenck, of Osage City, Kansas, entitled

Occult Causes of Disease, was read by title and referred to the publication committee. The following is a brief abstract:

The world moves in cycles. "The thing that hath been, is that which shall be." Medicine forms no exception. Its theories and practice come and go, until based upon eternal truth. The theory of microscopic germs as a cause of disease, is one of many cycles. When the relation of germs to fermentation was demonstrated, it was quickly concluded that these germs were the cause of all fermentation, and that fermentation was the cause of all septic diseases, and a search was instituted for specific germs for each specific disease. It was found that specific micrococci were present everywhere, but special forms being present in increased numbers in special diseases, they were set down as their cause. This cause of disease was not only found ever present, but capable of the most rapid reproduction. These germs may possibly have a beneficial instead of injurious effect. Their powers of causing fermentation may return the dead matter of the body to its original elements, and thus prevent its accumulation in the sytem. If bacteria are the efficient cause of disease, their universal presence would involve the universal presence of disease, and measles, small pox, etc., should occur *de novo*, wherever an unprotected person could be found, and if the efficient cause, why should such diseases "run a course?" The germ theory is defended on the ground that germicides prevent the development, or arrest the progress of disease. Experiments have demonstrated the strength of the various agents required to destroy germ life. It is impossible to give the agents most relied on in germicidal doses. To saturate the body to the extent of 5 per cent. with carbolic acid would require eight pounds, and 23 grains of bichloride of mercury would be required to place the body in such a condition as to be poisonous to these germs. Germicides in medicinal doses are wholly inadequate to destroy these germs, and the success from their use must be attributed to some other action. The most efficient agents in the treatment of many zymotic diseases, are those which have a low germicidal power, as quinine, tincture ferri chloridi, bisulphate of soda, boracic acid, etc. The greatest success has been achieved by those surgeons and obstetricians who have not used antiseptics with germicidal intent. If germs are not even the occult causes of disease, it is well to recognize the fact, that microscopists may seek more profitable fields of labor than classifying micrococci, and therapeutists larger game than microzymes.

Adjourned.

(*To be continued in our next.*)

The Hawaiian Gazette of the 2d ult. contains a very complimentary notice of Dr. Henri McGrew, a recent graduate of the Michigan College of Medicine, on the occasion of his appointment as assistant physician to the Queen's Hospital, in Honolulu. We congratulate our young friend on his preferment, and felicitate the hospital on its securing the services of one possessing Dr. McGrew's qualifications.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting was held in Washington, May 5th. The annual address was delivered by Leartus Connor, M. D., Editor Detroit Lancet, President, on "The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past." Remarks were made by Dr. Shoemaker.

Dr. N. S. Davis, of Chicago, opened the discussion on "How Far can Legislation Aid in Elevating the Standard of Medical Education in this Country?" It was participated in by Dr. Henry O. Marcy, Dr. William Brodie, and Dr. A. N. Bell. Dr. J. M. Toner invited the association when it adjourned to meet at his house to discuss special subjects and things.

Officers for the ensuing year were elected as follows: *President*, Dr. H. O. Marcy, of Massachusetts; *Vice-President*, Dr. J. V. Shoemaker, of Pennsylvania; *Secretary*, Dr. H. O. Walker, Associate Editor MEDICAL AGE, Detroit, Michigan.

Dr. Allan McLane Hamilton, of New York, whose writings on neurology and psychiatry have made his name familiar to the profession, was invited by the Secretary of the Section on Practical Medicine of the American Medical Association, to read a paper at the Washington meeting, and also to participate in the discussion of a paper by Dr. Pepper. He accepted the invitation and heard no more of the matter until the eve of the meeting, when the chairman of the section notified him that the committee had refused to allow his name to be used in the discussion because he favored the New Code. This action is evidence of a determination on the part of the National Association to draw a sharp line between the sheep and the goats.

It is with feelings of no ordinary sorrow that we record the demise of the Planet, a monthly journal of medicine established in New York a little over a year ago. The news of its decease caused all the greater surprise from the fact that we were led to infer from its latest issue that it was "booming." The death of the Planet leaves a blank space in medical journalism of the country, which it will be difficult indeed, to supply. It was unique, and we question the ability of any one outside of its editor, to get up another just such a journal. There was an abandon in its utterances in marked contrast with the stilted style of the ordinary medical periodical. We are exceedingly sorry that the great promise of support, and anticipations of popularity did not materialize. Whom the gods love die young, and we can't help it.

The name of the late president of the American Medical Association, familiar as a household word to physicians everywhere, is scarcely known outside of the profession. In the newspaper reports of the Washington meeting, it is given to the public in great orthographical variation. Thus we have it J. Austin Flint, Jr., Augustus Flint, Jr., J. Augustus Flint, etc. Byron said fame was for one to be killed on the field of battle, and have his name misspelt in the next morning's Gazette.

The eminent consistency of the late Dr. Gross's practice with his profession was extended even to the disposition of his mortal remains. He was an enthusiastic advocate of cremation as a means of disposing of the dead, and, in accordance with his wish, his body was reduced to ashes in Dr. Le Moyne's crematory, at Washington, Pa.

Dr. S. Baily, of Mt. Ayr, Iowa, impressed with the practical remarks of "An Old Practitioner" on Common Sense in Obstetrics, in the AGE of 25th ult., wishes to know whether the same contributor could be induced to contribute his views on the subject of the Management of the Cord after Delivery. We share Dr. B.'s belief that an article on this subject from that source would be appreciated by the readers of the AGE. Will our venerable friend please respond?

Outsiders are at a loss to see the point of the recent dark hints of our Philadelphia contemporaries, at the election to the chairmanship of sections in the American Medical Association, of "men with few of the characteristics essential for the field and strikingly lacking in dignity and the intellectual and moral graces, who may be thrust into undeservedly conspicuous positions through methods of canvassing that savor of the political convention." Have any of our brethren of the Quaker city been ruthlessly side-tracked by home talent?

An obituary notice of Dr. S. D. Gross and a number of other articles are necessarily left over through the publication of the report of the meeting of the American Medical Association in this issue.

The *bacillus lunaticus medicus* is announced as the latest discovery in the parasite way. Its ravages have been great and are still increasingly so.

The Michigan State Medical Society will hold its next annual meeting in the city of Grand Rapids on the 11th prox.

Sensation in Amputated Limbs.

BY F. WAYLAND BROWN, M. D., ROCHESTER N. Y.

In the AGE of April 10th, appears a statement regarding sensations in amputated limbs, by Prof. J. B. Bradley, of the Christian University, of Canton, Mo., the same being backed by the Canada Med. and Surg. Journal. That such statements and beliefs had long ago been consigned to the myths and sophisms of past ages, by scientific, and especially medical men, I had not the least doubt.

I had heard such statements from my childhood, that an amputated limb or finger should always be done-up in cotton batting, and often have I heard it should be well warmed before burying it, and that it should be placed in a box much too large for it, for if it was cramped the least bit, or cold, it would cause great pain and suffering in the living

subject's limb from which it is taken, and that no rest could be received until the amputated limb had been taken up and relieved. Many of these statements I can now recall of parties that I was more or less acquainted with, and in a number of instances the disturbance and relief on having the amputated part relieved, was corroborated. These various evidences of a spiritual relation of limb and foot or hand made quite an impression upon my young mind, and often in the course of my studies, especially of mental philosophy, and psychology in college. The conclusion I then came to, was that the circuit of nerve action continued its impression, and that more or less pain was produced by the severing of the nerves until a more complete union of circuit action could be induced which might be more or less unfavorable according to the skillfulness of the amputation or its dressings. Since then I have had personal experience of an amputated limb, and my previous studies and queries caused me to make critical notes of the facts as I experienced them. Afterwards I studied medicine, and am enabled to give something of a solution of the problem. While in the army I received injuries from which I had to have my left leg amputated below the knee. This amputation was a double flap and was well performed.

After recovering from the anæsthetic I began to take some note of my sensations. I felt my foot as completely as before, and had to be raised up to make myself believe it was off. The sensation was complete, but my great toe was horribly cramped, and the twinging pain became very severe. This I at once conceived to be a case of cramped position in burying my foot, that I had heard and thought so much about, and I determined to await the result. In the course of one-half to three-quarters of an hour, as I should judge, the pain eased off, and it felt quite comfortable without having disturbed the amputated member.

Then the next to the little toe began to pain me very severely. As I was convinced that the amputated portion had nothing to do with the sensation of pain I felt, I watched the result with interest, and brought all my faculties to bear on the facts before me. For a number of hours the pain was severe, but I watched what seemed to be a shifting, tingling sensation, as it appeared to pass from one side of my foot to the other, seeming to start from the fourth toe. After some hours this passed away, and left a severe sense of numbness, attended with soreness; this, in part ceased, after a time, when I felt as if the foot were done up in a bandage which was too tight. The bandage having been loosened did not remove the sense of constriction. The more I thought of the relations of my stump to the amputated foot, the more I was convinced that those relations had been permanently severed. I frequently found myself reaching down ten or twelve inches below the end of the severed stump to scratch my heel, or to relieve my toes from their cramped position, so natural did the presence of my foot and limb feel. But these sensations were referable to myself only, and by nothing I could conceive did I find myself in any way associated with the part that was amputated and buried. But I could readily conceive how a person more or less given to superstition, feeling the foot so plainly, might recall the presence of the amputated member and associate with that the sensations of his lost foot or hand, and from the same course of superstitious reasoning conclude that the soul of the limb that was buried and decayed still remained with him as a part of his own proper person, and till I stood ready to confute this statement with my own experience and pathological studies, I must confess that the experience of many made me stop and ponder over the spirit of the lost limb that each one solemnly declared they could readily realize. I must add that after many years since the amputation of my own leg, I can to-day feel every particle of my foot, can wiggle my toes, and even feel the toe-nails as I seem to press them against the hardened substance of the socket of my artificial limb; and often, after a long walk, I can feel my heel become tender from the exercise; and, on several occasions, when some quick movement seemed called for, when I had removed my artificial limb for the night, or had it removed for repairs, I have started to walk on the amputated limb, and, of course, fell. This would bring me to my senses, and in more than one instance has also brought me a bruised nose. But did I think it was the spirit of the lost foot which was unable to support the more weighty substance of the remainder of my corporeal? Not at all. But it rather convinced me of the accurateness of my deductions that it was nerve force that had completed its circuit through the shortened tissues, and the impression of that completed circuit on the sensorium was the same, was as perfect as if the reality had been present. The consciousness of our being is not, it seems to me, in the working structures of our body. They are but the levers by which we can move ourselves, or manipulate, or appreciate, the environments around us. They are not us. They are our agents; and while the machinery works which develops and energizes these agents, they will appear to the engineer to be working in all their perfection. As in an electric light producing establishment they can tell how many lights are going; but if one of the lights were removed, and the wires connected, the same results would obtain, the engineer would consider the electric light still going, because that circuit was to all appearance complete.

But let us analyze; one fact is worth a dozen fancies. The brain is considered by all to be a collection of ganglion cells, although in apparent chaotic mass, yet each sense and condition of our lives has its portion of activity, and a systematic position and systematic connections to their respective portions, and each portion a sub-portion, and each sub-portion a definite fibre of its own, and all these are minutely

and distinctly related to each other, and to that portion of the system that takes cognizance of the whole. Take any of the senses, as, for instance, that of hearing, or seeing: with it a certain space on the middle lobe of the brain is found to be intimately associated. This space contains many cells; each cell probably has a definite service to perform, receiving impressions, generating force, communicating impressions, and reporting impressions to that portion of the system that goes to make up our consciousness of the action of these organs, as well as to avail for the good of the entire economy the impressions received. Each cell may represent a Daniell or Smee battery cell, the cell having an outside covering and a contained substance, presumably deposited by this outside covering, like any serous membrane, a contained nucleus, with its serous membrane or covering, depositing within it matter of presumably its own select nature, and these from their position and condition, like other conditions of nature, must be of a different character. We find nerve filaments passing into and around the first membrane, passing through it into the substance between it and the second membrane or sheath, forming loops, or in some instances passing entirely through to the opposite side and meeting there with another communicating branch. Some filaments pass to the second membrane, and, it seems to me, into or through it, crossing near its center, and presenting the appearance of a nucleolus. Now evidently the nerve starts, or receives its impulse from this point, and is intimately connected with hundreds of other points, each having a different office to perform, and each strengthened in its respective office by the exact relations sustained with the other; these send out an impulse and receive a communication; this forms a circuit which is, say, transmitted to that condition or portion that appreciates, as, to the great solar plexus, where all our sensations seem to centre. Calling the cells of the solar plexus the point of appreciation, the engineer if you please, and the brain portion the force-producing agent, is it possible that the solar plexus should otherwise than appreciate the continued perfection of an amputated limb as long as the continuity of the circuit, for whose express form and fibre and sensation and tone this cell acts, is continuous and complete? The brain cells have no consciousness; they simply energize, furnish the motive power, and report its result to the consciousness proving cells, or the solar plexus, and there the continuity remains the same, for that is the only record that those peculiar fibers can then record; that is their office, and no other, and hence they can record no other if they record at all. It has been said by some who have had limbs amputated long years, that the sensation of the limb gradually wears away, till in some instances it has been entirely lost. The want of complete returns and complete blood supply of the different fibers that were wont to supply the severed limb would, doubtless, in some cases, cause an atrophy of those force-producing cells; the balance of their activity being in a measure impaired, they would waste, and in time might become completely atrophied.

There would be, therefore, two conditions in which there would be no sensation of the presence of the absent limb; when the nerves were severed, and before there had been established a connection of the severed ends, and in consequence being no complete circuit: and second, when the cells, whose office it had been, in the process of the development, to receive these impression, had become atrophied, and no other cell could take on vicarious action, to continue the deception, for the conditions for that vicarious action were wanting. If, again, the conditions for vicarious action were not wanting, and the nerve-cells supplying their force, and receiving the impressions, should atrophy, then paralysis would ensue; so that the conditions of the one, must be balanced by the conditions of the other, in order to maintain a healthy activity, or their seeming healthy activity. Then, as to the pain that started after the amputation, and ceased, as some say, only when the severed member was given attention and made comfortable: If we amputate a frog's leg, under the microscope, we will see the ends of the nerves throwing out a white substance, like the white substance of Schwann, and this forms over the ends of the severed nerves; then, judging from my own experience, a circuit of impressions is in part only completed, perhaps upon the end fibers, induced by the new order of communication, and consequently, pain; and the pain will last until the circuit is completed, or the nerve becomes accustomed to the new order of changed conditions, which in my own case, of the great toe, lasted about long enough to exhume, and rearrange the severed member, when, if this is done, as is apparently called for, it is easy to conceive that superstition and hear-say will complete one's firm belief in the intimate relations between the stump and the amputated member. Nature, we will always find, is governed and directed by the same set of laws, for the same conditions, in all its departments, and a close analysis of these laws would preclude any association with the limb after it has once been amputated.

Management of the Placenta in Abortion.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

Whatever I have contributed to the medical press has resulted from a careful investigation of the subject in hand, studious perusal of the authorities on both sides of the question, and then a calm and deliberate expression of my own convictions in the matter. Whatever I have to say on any subject, I say because I think so, and not because somebody else has said so. In the subject of management of the placenta in abortion, I am positively in favor of an expectant plan of treatment, despite the harangue of Dr. A. G. Young, of Maine; despite the personal invective he introduces in a recent number of the 'AGE;' despite the embryonic manner in which he parades a single case in practice. If Dr. Young will let a patient die after waiting "two weeks, then discovers slight offensiveness of the discharges, then

chills and hectic fever, then pneumonia, so-called, and purulent expectoration, then hemorrhage from the lungs so profuse as to terminate life in ten minutes;" if this is what he considers the expectant plan of treatment, I could tell him what, in an eminent sense, would be beneficial to his future career. Inasmuch as Dr. Young has given authorities to support the position he maintains, I judge it not amiss that I should do the same. However, before citing the opinions of authorities on the subject, I wish to say that no gynæcologist, however eminent in his specialty, should speak with authority upon the subject in hand, because he only rarely meets anything but extraordinary cases of placental retention, and therefore cannot establish rules of practice for the general practitioner, who is called to treat nine out of every ten cases of premature delivery.

We will rely upon the eminent general practitioners and men who have had extensive experience in midwifery practice, to defend our statement that "no definite mode of procedure has as yet been laid before the profession," in dealing with the placenta in premature labor. Dr. J. W. Brannan, of Colorado, says, in the February number of the Boston Medical and Surgical Journal, for 1884, that, "on consulting the obstetrical literature of the last twenty-five years we find the same difference of opinion that now exists in the profession. The earlier writers of this period, however, are agreed in advising the expectant treatment of retained portions of the ovum: Tyler Smith, Bedford, Meigs, Ramsbotham, Hodge, Churchill." Leishman advises us to preserve an expectant attitude if the membranes are retained, unless the hemorrhage be alarming. In the latter case he tampons the vagina. Playfair tampons the vagina and gives ergot in cases of alarming hemorrhage or of undilated os uteri. If the os still remains closed, he employs sponge tents for its dilatation, even though there be no urgent symptoms.

Leishman, also, says that "under ordinary circumstances, abortion is attended with but little risk to the mother, and the cases in which her life is placed in jeopardy are, therefore, relatively rare." Angus Macdonald, of Scotland, says that "in the ordinary run of cases, in which the hemorrhage is not specially profuse, we ought to trust to ergot by the mouth, or ergotine subcutaneously, and that we shall most probably find that all will go on all right, except that we shall have to hurry the conclusion of the case with slight manipulation, and that wholesale imperfect plugging of the vagina is to be strongly deprecated."

T. Johnson Alloway, of Montreal, advises the immediate removal of the secundines with the curette, not the finger, either with or without previous dilatation of the cervix.

Lusk endeavors to empty the uterus as soon as possible. If the cervix is open he uses the finger; if it is closed he employs the tampon, giving it three trials, each tampon being left in the vagina for twelve hours.

Dr. Walter Coles, of St. Louis, opposes the immediate removal of the membranes, as a matter of routine, in every case of abortion. A short time since, Dr. Coles read a paper on this subject before the St. Louis Obstetrical and Gynæcological Society. A general discussion followed, and it was evidently the sense of the society that the expectant plan is safer than the immediate removal of the secundines by manual or instrumental means.

Mundé claims that manipulation with sponge tents and curette is so free from danger, that every physician can use it. Thomas says: "There is always danger in dilating the cervix by tents, though it is by no means so great as to make one hesitate in employing them."

Dr. Brannan says, in concluding his article above referred to: "Having shown that active interference, in imperfect abortion, is a dangerous procedure, we have now to inquire into the necessity of the procedure. If the placenta does not soon follow the fœtus, or is not forcibly removed, what happens in a majority of cases? I think that practicing physicians will bear me out in the assertion, that a great majority of these cases take care of themselves, or at least require but little assistance from us. The placenta comes away in the next twenty-four hours, or within a few days, or at the next menstrual period. By far the large proportion of abortions, as of deliveries at term, fall to the care of the general practitioner, the family physician; only a very small percentage reach the gynæcologist in the first instance. The latter sees the exceptional cases, the cases which have resulted badly, and therefore seek his special skill." Then, in his summary, he says: "Having argued to prove that active interference in abortion is, as a rule, unnecessary and dangerous, it follows that I agree with those who follow the expectant plan of treatment. This does not mean, however, that abortions should be 'neglected,' as the gynæcologists express it." The term "neglected," we think applies itself very closely to Dr. Young, when he suffered a patient to die on his hands from septicemia and hemorrhage from the lungs, three or four weeks after an abortion. We are led to believe, from the general tone of his article, that Dr. Young must be an extremist. At one time he suffers a patient to die on his hands from neglect, and then, in the very next case, half kills a poor woman, trying, with a curette, to dredge her uterus of, perhaps, an adherent placenta. I think, from what has been said in this article, that there is, as yet, "no definite mode of procedure laid before the profession," in the management of premature labor. Will Dr. Young have the kindness to read the article entitled: "A case of retained placenta," by Dr. Burchard, in the AGE, immediately following his?

There is no doubt that the Almighty created woman to bear children, that the process by which this is accomplished, He called natural; that the power to expel, on the part of the uterus, was designed by Him to be the method by which the uterus shall relieve itself of its contents. This He called natural, that whoever interferes with His *fiat* interferes with Him. Again, reasoning from analogy, it is reasonable to believe that the antediluvians aborted occasionally, and that they had no curettes, but came out all right. Once more, from what we know of the traits of the aboriginal tribes of America, their females also miscarried occasionally, and recovered again, although the curette was unknown to them.

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American Medical Association—Section on Practice of Medicine and Materia Medica.

(*Continued from page* 140.)

Dr. Austin Flint, Jr., of New York, read a paper on:

The Treatment of Diabetes Mellitus.—He referred to the fact that sugar was occasionally found in the urine of apparently healthy persons. In his experience the proportion had been one in every 377 cases. He next called attention to the different methods of testing for sugar, stating that if a perfectly fresh solution of Fehling's test be employed, there could be no error in the result. He also commended Squibbs' tests. The specific gravity bears no relation to the proportion of sugar. Sugar may be present in urine of a low specific gravity. He had seen it in urine of a sp. gr. of 1010. The quantity of urine need not be increased. He considered the liver to be a sugar-producing organ. In health, this sugar is washed away by the blood as rapidly as it is formed. The sugar contained in the food is normally destroyed in the liver. In regard to prognosis, he said that if the patient would submit to a certain course of treatment as soon as glycosuria was recognized, he thought that it was possible to effect a cure of the disease, or at least, to remove the most characteristic symptoms, with the exception, perhaps, of the occasional appearance of a small quantity of sugar in the urine as a temporary condition. In the treatment, almost a sole reliance should be placed on the use of a diet from which starches and sugar had been excluded. This should be carried out absolutely. Systematic daily muscular exercise should be enforced, but fatigue should be scrupulously avoided. All alcoholic excesses and the use of sweet fruits are to be avoided. In cases where the sugar persists, the use of solution arsenite of bromine in doses of three drops every three times a day, is often of service in diminishing the amount of sugar and relieving the distressing symptoms of the affection. This may be continued for weeks or months without unpleasant effects. The rigid diet should be continued for at least two months, even in the mildest cases. The return to ordinary diet should be gradual, and the urine should, during this time, be examined every five or six days.

Phthisis—Its Successful Treatment.—J. P. Miller, M. D., of Buckhannon, West Virginia, read a paper on this subject, which opened with a casual reference to the bacillus tuberculosis and Koch's theory of contagiousness, the belief being avowed that Koch's discovery would not assist in either the remedying of the disease or diminishing the frequency of its occurrence. But upon the threshold of the decadence of this theory, we stand much advanced in microscopy, and in the full light of science, which has doubtless attained to the ultima thule of the bacillus tuberculosis.

In phthisis we recognize a malady, at once the saddest and most important of all somatic diseases. It chooses its victims chiefly among those who are marked as superior men and women, because of their bright intellects and often high culture, carrying away fully one-third of all who die in middle life. The popular belief that a person affected with this disease is surely doomed to an uninterrupted progress to death, is sustained by a very large majority of practicing physicians.

Although 1600 feet above tide-water, I am in a climate remarkable for excessive humidity, variable,

very rapid and extreme thermal changes. During winter and spring a rise or fall of from 35° to 50°, in 24 hours, is not uncommon, and I remember a rise of 64° in nine hours. Diseases of the respiratory organs are very common and my opportunities, for a rural practitioner, to clinically study phthisis have been large.

By reason of my success in its treatment I must place myself in opposition to the common belief that phthisis is an irremediable disease.

Though phthisis manifests many phases, differing widely one from the other, refined in the books into a certain number of distinct types, we are liable to fail, clinically, to determine the presence or absence of tubercle.

In phthisis florida, the temperature usually ranges from 104° to 106°. The stomach will seldom bear the more potent antipyretics. Salicylate of sodium oftener than any other, has by me been found serviceable. It may be given in doses of fifteen to twenty-four grains. When there is diarrhœa one-fourth or one-half of a grain of morphia may be combined with each dose. It should be given during the remission of the fever and shortly before the exacerbation.

When there is anorexia I permit small doses, (about a tablespoonful) of whisky, with a bitter, as prunus virginiana or nux vomica, to be taken with the meals, but I never fail to impress my patient with the fact that whiskey is not antidotal to pulmonic degeneration.

Nausea and vomiting are often obstinate and very perplexing. I usually begin with:

℞ Acid. carbolici.....ʒ i.
Tinct. iodinii.....ʒ ij.

M. Sig. Three drops in water before food, three times a day, or

℞ Strychniæ.....gr. j.
Acid. nitromuriat. dil.....ʒ ss.

M. Sig. Four to eight drops, given as above.

Again, Fowler's solution, in doses not exceeding three drops, given as above will often do good service. Three to six drops of deodorized tincture of opium should be added to each dose when there is diarrhœa. Sinapisms over the pit of the stomach are necessary in very obstinate cases. Pepsin after eating, the potency of which is increased by giving hydrochloric acid before meals, will assist in establishing digestion.

Having subdued pyrexia, allayed nausea and overcome anorexia, an enormous leverage has been obtained for the direct treatment of the lungs. If caseous or tuberculous formations have invaded the alveoli or parenchyma of the lungs, do we possess means to procure softening, absorption and extrusion? Under favorable circumstances, yes. The remedy of first value is yerba santa. In typically bad cases, I have seen such remarkably good effects from its use as to warrant this answer. I cannot explain the rationale of this action, for the resulting benefits are empiric facts, which must be taken on trust. I am unadvised of its chemical parts, nor have I learned of its physiological action. I have not even heard it extolled by any medical writer or teacher.

In puissance, as a solvent of tubercular and caseous deposits in the lungs, yerba santa has no equal in our materia medica. It is a laxative and in the early stages of phthisis, while there is gastro-hepatic torpor, duodenal catarrh with accompanying irregularity or in-action of the bowels, yerba santa is all that is required, and yet its mildness of action does not prevent its use in more advanced cases where the bowels are moderately lax. Diarrhœa must, of course, first be checked.

I have repeatedly observed in cases of pyrexial phthisis, when every conceivable antipyretic means failed to make any impression, the free and continuous use of yerba santa, bring a temperature of 105° down to 99° in less than a week, the patient complaining of sweating too freely all the time.

Night-sweats lower temperature, and until the subsidence of pyrexia, they should not be stopped by the usual means, as continuous diapedesis will surely and permanently bring down fever. Yerba santa will produce such perspiration during waking hours that patients will no longer have cold night-sweats. When the temperature is normal or sub-normal, and owing to loss of power of the vaso-motor system, the patient has night-sweats, picrotoxin, or strychnia and atropia, will be efficient and proper.

Counter-irritation is always necessary. When the patient is weak and anæmic, it may require courage on our part to subject him to the depletion of a vesicant; but my own observation warrants me in saying that blisters and every relay of blisters, will cause you to exult over your pluck. The more abiding its issue, the more marked will be its good effect.

During incipiency, before the thermal rise is great, or when it is waning, the removal of the exudation will be greatly facilitated by the use of iodide of iron and cod-liver oil. The best way of administering this is with extract of malt. This has a well-known advantage in those tainted with scrofula.

Where the alveoli are being invaded by an extension of catarrh of the bronchi, as a sequel of rubeola, scarlatina, pertussis, or a succession of deep colds, I like the effect of the iodide and carbonate of ammonium, and give it in the following form :

℞ Ammonii iodidi.....ʒ j,
Ammonii carbonatis.....ʒ jss,
Syrupi tolu.....
Aquæ.....ää ʒ ij,

M. Sig. A teaspoonful every four hours.

Two forms of phthisis which offer nothing but discouragement, were lastly described, one occurring shortly after pubescence, in sallow, anæmic subjects of a decidedly phthisical dyscrasia, the stamp of patrimony. The other, a slow insidious form, peculiar to women, unbalanced by chronic uterine ailments.

Finally, being called upon for help by a subject of phthisis, we should be fully alive to the fact that he is closely besieged by death. Beyond the immediate

redoubt of therapeutics, we must reconnoitre and sentinel with sleepless vigilance, the environment. Undue anxiety of friends, the superstitions of neighbors, the allurements of the advertising charlatan and the wily and wise nihilists, both in and out of the profession, bring influences to bear on our patient that operate like a Gatling against us, and we may be vanquished.

Time and other observers may reverse the verdict, but I cannot help feeling that, these adverse influences successfully guarded against, conjoined with the remedies and methods herein recommended, boldly, skillfully and persistently applied, will prove the means for the fine achievement of curing a high per cent. of that form of thoracic degeneration which has hitherto baffled our science and is a standing opprobrium to our profession.

THE MILK TREATMENT OF DISEASE, by James Tyson, M. D., of Philadelphia, was read by title, and the following abstract is presented:

Briefly referring to some historical points in connection with the milk treatment, and the fact that the publication of Kanell's paper in 1866 marked an era in its history, Dr. Tyson stated that his own experience, included the treatment of the following conditions, viz: diabetes mellitus, certain forms of calculous disease, Bright's disease, certain cases of gastro-intestinal diseases, obesity and those conditions of uncertain pathology, sometimes largely hysterical and sometimes the result of some mental or physical fatigue, and known as nervous exhaustion, and in which such signal results have been obtained by Dr. Uriah Mitchell by the combined use of seclusion, diet, massage and electricity.

The milk treatment consists, according to Dr. Tyson, in the exclusive or almost exclusive use of either skimmed or unskimmed milk, given in fixed quantities and at stated intervals. Most frequently it is skimmed milk, sometimes with the view of fulfilling certain conditions which it alone meets, but more commonly because it is so much more easily assimilated. At the present day, too, peptonized milk should be included among the forms of milk used, because it fulfills even better than skimmed milk the condition of easy digestibility.

No treatment for diabetes had been so efficient in Dr. Tyson's hands as that by skim-milk, which should at least at first be exclusive, and on the first day the milk should be given in doses of four ounces every two hours, and the quantity rapidly increased until sufficient is given to supply the demands of nature. No definite amount can be named as the requisite 24 hours' quantity, since this must vary with the size and weight of the patient and his or her mental and physical activity. From eight to ten pints may be put down as the average, but less than the smaller quantity may be needed by certain small-sized patients, who lead an inactive life and more than the larger amount by larger and more active persons. Such a diet is quite compatible with perfect health and strength for an indefinite time. When very large quantities of milk are required a part may be curded by the use of rennet, and the curd only consumed. By this treatment he had known certain cases of diabetes entirely recover, and other cases to remain totally relieved of glycosuria and the other symptoms as long as milk alone was used; other cases still to be partially relieved, while a very small number only failed to respond at all to the treatment, but such cases yielded to no treatment.

The constipating tendency of the milk diet can be easily overcome by the judicious use of the salines, Fredrichshall, Saratoga waters, etc.

Dr. Tyson did not believe that the skim-milk was directly curative, but regarded it simply as a non-irritating and easily assimilable food, which gives rest to the stomach and to the sugar-assimilating apparatus, and allows the reparative tendencies of nature to assert themselves, and the hepatic or intestinal condition, which is at the bottom of glycosuria, to disappear. Where the symptoms are due to incurable lesion, remote from the liver, the milk diet simply presents reparative and force-producing elements in an easily assimilable form.

After sugar has been absent from the urine for three or four weeks, unskimmed milk should be added, and subsequently meats, green vegetables and gluten bread, the urine being carefully tested after each addition, and these articles should be discarded if glycosuria has resulted.

A second class of cases in which skim-milk is of signal usefulness and in which the results are capable of a more rational explanation are cases of uric acid gravel. The disappearance of uric acid sediments may be confidently expected on a continued milk diet. The rationale of these results has been made perfectly plain by the chemical study of the urine of persons on a pure milk diet, by Dr. John Marshall, of the University of Pennsylvania. The most important result of his analyses is the fact that in the total 24 hours' urine of persons on a milk diet, no appreciable amount of uric acid can be found. No differences in this respect are found in the urine of those upon skimmed or un-skimmed milk, so that there appears no reason why skimmed should be used rather than unskimmed, except the one already mentioned, that the latter is more easily digested. But while uric acid remains absent under a diet of either kind of milk, Dr. Tyson had known the addition of so simple an article as bread to cause a return of the uric acid.

In phosphatic calculus, milk is rather contraindicated, since it tends to alkalize the urine, and in the oxalate of lime tendency, the only ground of its use would be the fact that the same conditions of system which produce uric acid are those which promote the formation of oxalate of lime.

In Bright's disease, it is only the contracted kidney of interstitial nephritis to which a milk diet is peculiarly adapted, and this should be skim milk. Under its use the uncomfortable head symptoms, including fullness, headache and vertigo, and the nausea and palpitation so often present, frequently

disappear. It would seem, too, that those suffering with contracted kidney are better when the blood is not too good in quality, or too rich in solids. On the other hand, it is not so necessary that the diet should be exclusively milk, and bread and vegetables may be permitted.

In certain forms of obstinate dyspepsia, the symptoms are sometimes dispelled as if by magic, by a pure skim milk diet, systematically carried out. Only occasionally in dyspepsia does milk produce flatulence; under such circumstances peptonized milk may be used.

It is more particularly in organic diseases of the gastro-intestinal tract, that the bland and unirritating qualities of a milk diet are indicated, while its long continued use is often attended with the most happy results. In gastric ulcer, no other food than peptonized milk should be permitted. In chronic ulcerative disease of the small and large intestine, where it is so doubtful whether or not it is in our power to reach the lesions by any therapeutic agents, our treatment must consist in such measures as favor nature's inherent tendency to restore lost tissues. This can only be done by placing the general system in the most favorable condition and by protecting the parts to be repaired from the action of irritating foods or the irritant waste of foods. This is best accomplished by the persistent use of milk, and especially of peptonized milk, which is the blandest and the most unirritating of foods. The treatment should be persisted in until natural stools and the absence of pain have continued for some time. Especially satisfactory are the results in those cases of irritation of the large bowel, attended by the discharge of mucous or mucous casts.

No treatment ever suggested for the removal of excessive obesity, is half so satisfactory as that by skim-milk, and any reasonable desired reduction of weight may even be regulated. Thus the loss may be kept at a pound, a half a pound or less, a day, according to the quantity of milk consumed, or according as it is used, skimmed or partially skimmed, or combined with other selected articles of aliment.

Dr. Henry F. Formad, of Philadelphia, read a paper on

Tuberculosis.—He regretted that it was necessary for him to speak on this subject in advance of the publication of the details of the experiments on which they were based.

The points to which he intended to confine himself were, 1. The question of the contagiousness af pulmonary phthisis and of tuberculosis in general; 2. A brief definition of Koch's position on this question; and 3. The objection to Koch's conclusions and to his intepretation of his experiments.

The question of contagiousness is one of vast importance. If it be firmly established that tuberculosis is not a contagious disease then the theory of its parasitic origin can not be sustained. He thought that there was not the least proof that tuberculosis is ever conveyed from person to person by contagion. The apparent exceptions to this can almost always be explained. There is no analogy between the phenomena of tuberculosis and those of other contagious diseases. He then referred to tuberculosis from traumatism. In pleurisy or peritonitis, tuberculosis may develope if these affections become chronic. In such cases, the bacillus is occasionally, if not frequently absent. His objections are not to Koch's observations for these he has gone over and confirmed, but it is to the interpretation of these observations and experiments that he objects. The proof of the etiological relation between the bacillus and tuberculosis is not complete.

Again, it has been shown by competent observers that the bacillus is not universally present in all cases and in all products of tuberculosis, and if present often exist in such small quantities as to have but little significance. As a rule, they are not present in the beginning of the disease. To prove that the bacillus is the cause of tuberculosis it should be present in every case and in all the products of tuberculosis. It appeared to him that the bacillus is merely the concomitant of cheesy, disintegrating materia[1]. Where the bacillus has not been found the effects have been attributed to spores. These cannot be demonstrated.

The miliary nodes which are produced in the lungs in the inhalation experiments have generally been supposed to be tubercular, but he thought that they were more probably little foci of bronchial pneumonia. They can be brushed out with a camel's hair brush, and the tuberculous lung be converted into a normal lung. Of course, if the matter were left in contact with the tissue for a certain length of time they might be followed by tubercles, but he was referring to the rapid production of tubercles.

It is not safe to reason from experiments on animals as to the effects which will be produced on man. Koch has himself fully recognized this point. The fungus which is poisonous to one animal may have no effect on another.

The question is not whether or not the bacillus tuberculosis will produce tuberculosis, but whether other substances will not have the same effect. My experiments have shown that other substances will produce tuberculosis. This condition has been produced by innocuos substances. Tuberculosis can be produced without the presence of the bacillus.

From my experiments I have come to the conclusion that neither the parasitic nature of tuberculosis or its contagiousness has been proven, and further that the bacillus of Koch is a valuable diagnostic sign of tubercular disease. Nothing has been proven by the discovery of Koch as to the etiology of tubercle.

DISCUSSION.

Dr. Austin Flint, sr., thought that if tuberculosis was an infectious disease, produced by a parasite, its contagiousness would follow as a matter of course. The presence of a parasite had been demonstrated. The great preponderance of evidence is in

favor of the view that it is uniformly present in products recognized to be tuberculous. The bacillus is not found in products which from other characters are considered to be not tuberculous. The conclusion which he had reached was that there was some essential connection between the presence of this parasite and the tuberculous disease. In regard to the contagiousness and inoculability of tuberculosis, he thought that all testimony was in favor of this. Other causes may co-operate and undoubtedly co-operate in the production of tubercle, but the presence of the specific parasite is essential.

Dr. Wm. H. Welch agreed with Dr. Flint. Dr. Formad had spoken of tuberculosis produced by inoculation of other substance than the bacillus. If bacilli be the sole cause, the condition can, of course, be produced in no other way. Koch, in his experiments had adopted every precaution to prevent error. He had with better methods of investigation found the bacillus in every case. When the difficulties of the process required for the detection of the bacillus is considered, it is not at all wonderful that at times it should not be discovered. The essential point of Dr. Formad's objection is whether or not tuberculosis can be produced by other causes than the bacillus. The weight of evidence is in favor of the view that tuberculosis can be produced by the inoculation of no other substance than the bacillus tuberculosis.

Dr. George M. Sternberg, U. S. A., had not been able to reach any definite conclusion in this matter. He had performed some experiments but they had not been conclusive. He thought that the suggestion of Dr. Formad that the bacillus might act as local irritant was worthy of consideration. He suggested that possibly the reason why tuberculosis had appeared in animals which had been inoculated with other matters that the bacillus, might be that the animals had developed the condition from being kept in unsuitable quarters.

Dr. R. S. Fitz, Mass., thought that the pith of Dr. F's remarks lay in the statement that he had produced tuberculosis without the bacillus. It may be that what he considered tubercles were not really such.

Dr. James Tyson, Philadelphia, had hoped that Dr. Formad would have presented some carefully detailed experiments. When Koch's theory was first advanced, he thought it would share the fate of previous theories of this kind; instead of that it had been constantly gaining strength. The only way that the matter can be settled is by a repetition of the experiments to decide whether Koch or whether Formad is right. One point in regard to the contagiousness of tuberculosis and to its infectiousness. Dr. Flint thought that one would follow from the other. Tuberculosis may be infectious and yet not be contagious. Malarial fever is an infectious disease that is due to a specific cause, but it is not contagious, that is, communicable by contact. It may be proven that tuberculosis is infectious before it is shown that it is contagious.

Dr. Janeway related a number of cases which he thought went to show that tuberculosis was contagious.

Dr. Chas. Denison, of Colorado exhibited a chart to show the relation of pneumonia and phthisis to climate. These diseases being very frequent in warm and moist climates, while they were comparatively rare in regions which were dry and cool.

Dr. W. T. Belfield, Illinois, could not agree with the theory that tuberculosis was due to bacteria. He believed that it was due to internal causes, or to conditions in which the patient was placed.

Dr. E. O. Shakespeare, of Philadelphia, after an extended review of the matter, concluded that tuberculosis was often an infectious disease; that often it was due to a specific, pathogenic, parasitic agent, and that so far it has not been demonstrated that anything besides the tubercle bacillus can produce the disease.

Dr. G. C. Smythe, of Indiana, referred to different classes of infectious and contagious diseases and thought that possibly tuberculosis could be placed under the head of local and infectious diseases, as syphilis and leprosy.

Dr. H. C. Ernst, Massachusetts, agreed with Drs. Welch and Fitz, and then went on to describe the advantages and disadvantages of the different staining processes which had been recommended, and called attention to the fact that in performing these investigations, nothing less than an immersion lens, with some form of sub-stage illuminating apparatus, would give reliable results.

Dr. Wm. Pepper, Philadelphia, had observed similar cases to those described by Dr. Janeway, but his observations had led him to a directly opposite conclusion. He did not believe in the contagiousness of tuberculosis. In the experiments which Dr. Formad had performed, great care was taken to place the animals under the best hygienic surroundings, some were sent to the country and all were given plenty of fresh air. He thought there were many other ways of explaining the connection of the bacillus and tuberculosis than the assumption that the bacillus held a casual relation to tuberculosis.

Dr. Traill Green, of Easton, Pa., did not believe that tuberculosis was a contagious disease, and referred to the fact that working in grindstone factories would soon induce tuberculosis in perfectly healthy individuals.

Dr. Formad was pleased that so much discussion had been elicited. He was, however, somewhat disappointed, for he had hoped that more stress would have been laid on facts than on views. In regard to the surroundings of the animals, they had been all that could be desired. He had visited a large number of the laboratories of Europe, and in all cases the animal rooms were in the cellar. Those of Koch were in this location. His were located in the fourth story, and the animals were kept clean, and allowed exercise.

Dr. Newman exhibited a little apparatus called the electric dumb-bell, which consisted of a rubber arrangement in the form of a dumb-bell. In one of the enlarged extremities was placed a little battery while in the other was the helix and interrupting apparatus.

THE GERM THEORY OF DISEASE.—Dr. Henry O. Marcy, of Boston, contributed a long and exhaustive review upon the subject of the relation of micro-organisms to disease, including a report of his own laboratory work, culture, inoculating experiments, etc. These were undertaken in a considerable degree in order to establish the truth or falsity of certain criticisms which had arisen from various sources, notably from the Philadelphia school, as to the possible action of the so-called liquid ambient-matter, protoplasmic matter or bioplasm of Beal. It had been asserted that "not until a well-washed micrococcus or bacillus had been placed in a sterilized nutrient fluid, could it be determined what was due to the germ and what was incident to the liquid ambient matter from which it was inseparable."

Dr. Marcy had taken the bioplastic matter under the most favorable conditions for the exhibition of its inherent vital powers as found in blood serum, aseptically taken from healthy animals, the white of egg, yet warm from the nest, milk directly from the cow, and the like, and in a series of about fifty tests, varying in character, sought to determine its possible germinal qualities. As might have been assumed, the entire series resulted in the failure to establish any evidence that this material, so highly organized, possessed any independent germinal power, serving only as a highly organized nutrient fluid.

The objections of Dr. Longstreet and others as to the role of the "liquid ambient matter," had, indeed, in a negative way been satisfactorily answered before, since a number of experiments had been most carefully made by competent authorities in filtering the germ-bearing fluids of anthrax and injecting the filtrate freed from germs with, only at the most, local poisoning, never reproducing the disease.

Dr. Marcy admitted that there were many questions of the relationship of germs to disease to which no definite answer could be given, but gave as his opinion that too much evidence had been adduced to allow of the subject to be considered as other than of the greatest interest and importance. To establish the causal relationship of germs to disease, the organisms must be separated from other material and proved upon inoculation to produce the given disease. The method as yet attained best calculated to serve in freeing the micro-organisms from accompanying contaminating material, is the so-called culture test, and, if the liquid ambient matter did not, as he has shown, itself reproduce, by this method, the growing organisms in a few generations were free from contamination, for in the geometric series of 1-100, which is ample to serve as inoculative material, the second bulb would only contain one-ten-thousandth of the original injection, the third one-millionth, and so on, *ad infinitum*.

Pasteur had carried the series to the hundredth culture, only to find the last as virulent as the first. Koch, in his experiment upon septicæmia in mice, carried it to the fiftieth reproduction, and showed that not only did it "breed true," but as a rule the tenth of a drop was ample quantity to produce a fatal result. There can be no escape from the conclusion that the poison is particulate, is vital, and its virulence is due to the rapid growth or reproduction within the animal economy.

The methods by which these results were obtained, were discussed and shown to be various, sometimes including, mechanically, the blood-vessels; deoxidizidg the blood, producing by its growth a morbific poison, again, producing chemical changes, and so on. Emphasis was made on the vital conditions of the individual subject to the attack, and evidence deduced to show that the conditions favorable were ever of a debilitating character.

Dr. Marcy followed with a review of the individualistic character of the entire group of zymotic diseases. Emphasis was especially made upon the consideration of tubercule, diphtheria and erysipelas. Upon the last a series of interesting, original investigations were given, including a number of culture tests, inoculation experiments, etc. The review was made in a spirit of judicial fairness, without personal bias, and the paper, as a contribution upon one of the most interesting questions in the entire range of medicine, will prove of exceptional value.

A. T. Keyt, M. D., of Ohio, presented a paper on "Retardation of the Pulse in Mitral Insufficiency," which was read by title.

SPECIFIC TREATMENT OF CROUP AND DIPHTHERIA, was the name of a paper by G. A. Linn, M. D., of Pennsylvania, which was read by title and of which we give the following abstract:

He held the corrosive chloride of mercury to be a specific in diphtheria, when given in large doses in the early stages of the disease. The mere giving of a remedy does not necessarily constitute its use as a specific. Minute doses of quinine, given two or three times a day, would not be a specific. in malaria; so in treating diphtheria with bichloride of mercury, the dose, time of giving, and stage of the disease are conditions necessary to success.

It should be given in large doses, 1-20th to 1-12th of a grain to a child two or three years of age, and 1-12th to 1-8th of a grain to an adult, every three hours. It is best given in solution. The druggist should make a solution in alcohol and dispense from this. The best vehicle is the elixir of pepsin, or elixir of pepsin and bismuth in teaspoonful doses.

In mild cases the remedy should be continued to the end of the third day; in malignant cases, two or three days longer. If the treatment is commenced in time, no tonic or sustaining measures are required. But if the case is well advanced, brandy and iron should be added. If the membrane invades the wind-pipe, causing croup, there is danger of suffocation from obstruction of the air passage. This is due, more to spasmodic condition of the glottis, than to presence of membrane and may be

relieved by giving chloride of gold, which is a specific in simple croup. It acts like a charm, is tasteless and causes no nausea. It should be given in solution, in distilled water, the medicine being dropped into a glass and the use of a spoon avoided. The dose for a child two or three years old is from 1-50 to 1-20 of a grain every hour until relieved, In diphtheritic croup the bichloride of mercury is to be given in conjunction.

Muscular Hypertrophy of the Stomach.—Alexander Marcy, M. D., of Riverton, New Jersey, presented a paper on this subject, which was read by title. The following is an abstract:

He related a case of that very rare and interesting disease occurring in his own practice. It was of pathological rather than of clinical interest.

Its distinctive features as marked at the autopsy were described as follows:

The stomach had undergone marked contraction, measuring in length only 12.5 centimeters, and in diameter but 3.75 centimeters at the pyloric, and 4.35 centimeters at the cardiac extremity. The lumen was greatly diminished, and the organ could not have held more than 50 c. c. of fluid. The little finger pushed into the interior, encountered a stenosis at about the centre of the organ which it could scarcely pass. On opening the stomach, it was seen that this was produced by a narrow fibrous band on either side of which was a stellate cicatrix. At the pyloric extremity the lumen was almost obliterated, and would scarcely have admitted a goose-quill. The mucous membrane was abnormally smooth and the stomach wall very much increased in thickness, measuring towards the pylorus, 1.5 centimeters and at the greater curvature, 1 centimeter. This same thickening and narrowing had extended into the duodenum until it also involved the ductus communis choledochus, which was completely occluded. Beyond this the intestine rapidly assumed its normal dimensions.

Under the microscope, the following histological conditions were noted: The mucous membrane was very little altered and in thickness was about normal. A slight growth of newly-formed connective tissue was found among the glands. In the muscularis mucosæ, there was a great increase in the amount of muscular fibre which is mingled with many bundles of connective tissue. The increase in this coat is seven or eight fold, due almost entirely to the overgrowth of muscular fibre.

The muscular element of the stomach is increased about three times in thickness. Here too, this increase is due to an hypertrophy of the muscular tissue, although in many places there exists an intimate mingling with it of newly formed connective tissue.

The fibrous tissue was slightly increased in thickness.

The mucous layer was unaltered.

The submucous layer had undergone the most peculiar change. In this there was not only found an irregular deposit of the same newly-formed imperfectly fibrillated connective tissue, such as is found elsewhere in the organ, but also an overgrowth of smooth muscular fibre. This fibre is scattered in larger or smaller bundles, throughout the sub-mucous layer, in some places exceeding the connective tissue in amount, in others falling short of it. Towards both the muscular wall and the muscularis mucosæ is the greater amount of muscular fibre, indicating, perhaps, that in its growth it has extended from these two tunics. The thickness of this coat is greatly increased, but to what extent cannot be exactly determined, on account of the blending of this with the two contiguous tunics, produced by the disposition of newly formed muscular fibre in it.

The lumen of the blood-vessles of the sub-mucosæ and the thickness of their walls are greater than in the normal stomach.

The speaker added that this condition is not generally mentioned by writers on diseases of this organ and that he believes its occurrence is very rare. A case described by Thiegelder (Atlas der Pathol. Histol. Table x, Fig. 1, 1876,) resembles it somewhat, and Cornil and Ranvier in their work on General Pathology and Morbid Anatomy, refer to such a condition. It is very apt to be, and very often is, confounded with cirrhosis.

There are no symptoms peculiar to this disease and the treatment can only be palliative.

"Etiology of Enteric Fever," by S. R. Crawford, M. D., was read by title.

Typhoid Fever, by S. K. Jackson, M. D., of Virginia. This paper was also read by title. The following is an abstract:

The author contended that the discussion of this subject though trite and hackneyed, could not be considered as finished until there was a better agreement among physicians as to the treatment of this disease, or until the mortality occasioned by it, was much reduced.

The object of the paper was to point out a line of treatment suggested by a recognition of some pathological conditions, long since known to exist, but which had been ignored in looking for indications for treatment. That these conditions have been overlooked is evidenced by the many and conflicting modes of treatment that have, at different times, been proposed, means not only not called for, but actually injurious. Some of these were enumerated to show that the pathology of the disease could never have suggested them. While all this conflict was being urged, the doctor declared that he had been pursuing one plan of treatment for 35 years, from which he had had no reason to deviate, and that it did not contain one of the long list of means to which he had previously referred, and which was generally employed in the treatment of this disease. He was reluctant to state the result of that treatment, but left each one to determine its value for himself.

Among the first and most prominent pathological conditions which had attracted the attention of the

author was the nitrogenous waste, the diminution of fibrine, the deficiency of urea and of all the nitrogenous excretions. The fact that they are not excreted is no proof that they are retained in the system, for if they were there would be signs of uræmic poisoning, which no one claims to have seen. They are not excreted, because there are none to be thrown off. One cause of this nitrogenous deficiency is the inability to digest nitrogenous food, which is owing to the absence of the digestive fluid, and this cannot be secreted because of the congested and inflamed condition of the glands and glandular follicles, whose duty it is to secrete these juices. Another possible, if not probable cause is the consumption of nitrogen by the parasitic organism which is the acknowledged etiological factor in the production of enteric fever. That the parasite is a nitrogen-feeder, is proved by the fact that it lives and thrives in nitrogenous matters, in urea and all nitrogenous excreta. Old logs, rotten wood and leaf-mould, saturated with these excretions, have been known to be fruitful sources of this fever. If further proof be needed, it is found in the ammoniacal exhalation from a typhoid fever patient, from his breath, his skin and his urine. These exhalations are undoubtedly due to the decomposition of the nitrogenous constituents caused by this micro-organism.

This pathological condition furnishes the most important indication in the treatment of this disease. As this nitrogenous waste cannot be supplied by nitrogenous food, the author knew no way of accomplishing this object but by the free administration of ammonia even to saturation. Fortunately this nitrogenous base furnishes us with salts of such different therapeutical powers as to enable us to select any one suited to any stage of the disease and to any condition of the system. We have in the nitrate of that base, the most sedative salt that we possess and in the carbonate, the most stimulating salt of the materia medica. The nitrate of ammonia is capable of reducing the typhoid fever heat down to 102° F., and of keeping it there. As this is not a dangerous degree, the patient is safe so long as it can be maintained. Ten or twelve grains of the salt every two hours is sufficient for this purpose.

As the disease progresses and there is less need for a sedative, or if diarrhœa supervenes, the acetate of ammonia is substituted for the nitrate, and acetate of lead and opium are at the same time administered.

If nervous symptoms show themselves with a failure of the vital powers, the carbonate of ammonia in combination with potassium chlorate is resorted to; but if coma develope, recourse is had to the hydrochlorate of ammonia, generally in five-grain doses, every two hours. The effect of this is magical. The doctor stated that he had never seen coma in a case which had been treated from the beginning with this ammoniacal course and had only seen it in badly nursed cases, or in those treated by other means.

He considered the delirium of typhoid fever to be due to deficient nourishment, a delirium of starvation. It never fails to become quieted in a few hours after the free administration of ammonia. Wandering sometimes occurs, if the dose is too small or the intervals between are too long. Patients sometimes ask to have the interval shortened on account of a confusion of intellect which appears when the dose has been postponed too long.

For tympanitis turpentine is used by enema or by the mouth.

The pathological condition contended by some to exist in and be the cause of coma, is a thickened condition of the envelopes of the blood corpuscles, on account of which the brain fails to be nourished, even though the blood contains the normal amount of nourishment. This condition suggested the hydrochlorate of ammonia as a solvent for the thickened envelope; but whether this be its *modus operandi* or not, its effect is almost miraculous. Thus, it will be seen that there is no stage of the disease in which one or other salt of ammonia is not used.

Why should cold baths and cold affusions be used when the temperature can be reduced by simpler and safer means and without the danger of reaction? The author long since abandoned quinine as not being the proper germicide for the typhoid fever parasite. It is, however, the antidote *par excellence* for the malarial poison; but as the typhoid fever producing organism differs so essentially from that of malarial fever, it could not be expected that the same agent would destroy both. The parasite of malarial fever is a carbon-feeder, and that highly carbonaceous medicament, quinine, might be expected to be the best agent for destroying it, in accordance with the law, (for which the doctor has been contending), viz., "that no organism can live in its own excreta, in the results of its life processes." If carbonic acid gas be thrown off as the excretory product of a life process, a saturation of that gas will check the process and destroy the life. If alcohol be the result, then alcohol is the proper agent to destroy the organism causing it. If sulphuretted hydrogen be evolved, then the compounds of sulphur are the most efficient means of checking the process. So then when ammonia is the excretory product, as in typhoid fever, ammonia, as has been shown in the most efficient germicide. This furnishes us with an additional reason for employing the salts of ammonia, for this nitrogenous base not only supplies the nitrogenous waste, but also destroys the vitality of the organism which causes it.

If this be a law, instead of accounting for the protection of the system against a second attack of contagious zymotic diseases by supposing that it is due to exhaustion of the pabulum necessary for the support of the parasite, why not attribute it to the infusion into the system of some excretory product

which forever acts as a poison to the parasitic organisms. This is the most probable explanation.

With regard to the period of this fever. If it is recognized as early as the third day, it may subside at the end of the first septenary, but if not recognized before the fourth or fifth day, it cannot break before the end of the second septenary but may at that time. If the treatment has not been inaugurated before the beginning of the second septenary, the fever can not be made to yield before the end of the third septenary, (the 21st day). That it will yield on that day is an almost absolute certainty.

With regard to the diet, nothing is allowed but milk. Farinaceous preparations are never admissible. They cannot be digested for want of the fluids containing diastase. There cannot be any conversion of amylaceous food into dextrine or grape sugar, so that starchy food cannot be assimilated. If administered, they undergo a fermentation which adds to the gaseous distension and greatly complicates the case.

Animal broths are never allowed until the later stages of the disease, or until there are signs of the secretion of the digestive fluids.

In conclusion the doctor said, "The limited time allowed for this paper, has compelled merely an outline of a subject which deserves full discussion. It is left to the profession to test the value of the treatment which has been detailed."

"New Theory and New Instruments of Diagnosis," by L. G. Ayres, M. D., of Pennsylvania, and "The Advantage of the Use of Massage in Rheumatic Gout," by Douglass Raham, M. D., of Massachusetts, were read by title.

After extending a vote of thanks to the chairman and the secretary for the efficient manner in which they had filled their positions, the section adjourned.

(*To be continued.*)

Death of Dr. Samuel D. Gross.—The era-makers in American medicine are fast ripening for the remorseless sickle. Their whitened crests are beginning to droop, and at rapidly shortening intervals the places that once knew them know them no more. It is a significant fact, however, that they are dying in the harness—their usefulness being prolonged up to within a very short time of their dissolution. Herein we behold the kindness of Providence, for what greater affliction could be visited upon these royal workers than the enforced prolonged period of idleness which is most common at the end of the least useful lives! At a dinner given him by the profession of Philadelphia in 1879, the subject of this notice gave expression to the feelings of the active worker, in these memorable words: "After fifty years of earnest work I find myself still in the harness; but, although I have reached that age when most men, tired of the cares of life, seek repose in retirement and abandon themselves to the study of religion, the claims of friendship, or the contemplation of philosophy, my conviction has always been that it is far better for a man to wear out than to rust out. Brain-work, study and persistent application, has been a great comfort to me, as well as a great help; it has enhanced the enjoyment of daily life, and added largely to the pleasures of the lecture-room and of authorship; indeed, it will always, I am sure, if wisely regulated, be conducive to both health and longevity. A man who abandons himself to a life of inactivity, after having been always accustomed to work, is practically dead."

Samuel D. Gross, M. D., LL. D., D. C. L. Oxon., LL. D. Cantab., LL. D. Edin., was born at Easton, Pa., July 8th, 1805, and died at Philadelphia, Pa., May 6th, 1884, having thus nearly completed seventy-nine years of life. He received a classical education at the Wilkesbarre Academy and at the high school of Lawrenceville, N. J. He graduated in medicine from Jefferson Medical College in 1828, and commenced the practice of his profession in Philadelphia. The leisure hours of the first years of practice were devoted to the translation of several standard French and German works, which were published. But the genius of the man found other channels, and in 1830 he issued his first original work on "Diseases and Injuries of the Bones and Joints," in which particular mention is made of the use of adhesive plaster as a means of extension in the treatment of fracture. He left Philadelphia in the same year, returning to the place of his birth, whence he removed, in 1833, to Cincinnati, taking the position of demonstrator of anatomy in the Medical College of Ohio. Two years later he was made professor of pathological anatomy in the Medical Department of the Cincinnati College, in which capacity he delivered the first systematic course of lectures on morbid anatomy ever delivered in this country. While in this position he also published his "Elements of Pathological Anatomy," which was the first methodical treatise ever published on the subject in the English language. From Cincinnati he removed to Louisville, where he remained ten years as professor of surgery in the University of Louisville. This position he resigned in 1850 for a similar position in the University of New York, which he held but one year, returning at the end of that time to his former chair, in Louisville, in which he remained until 1856, when he returned to Philadelphia to fill the chair of surgery in the Jefferson Medical College. He retired from the latter position in 1882, being succeeded by Samuel W. Gross, who was born in Cincinnati, in 1837, and is one of four surviving children.

We find it impracticable to do more than enumerate the salient points in Dr. Gross' professional life. He was a voluminous writer, having written six systematic treatises and contributed numerous papers to the current literature. His chief literary production is his System of Surgery which appeared in 1857, and which in 1882 passed through a sixth edition in this country, besides having appeared in several European languages. His pen was busy to the end. On April 30th last, a paper written by him on

"Wounds of the Intestines," was read at the meeting of the American Surgical Association, and on May 8th, two days after his death, a paper on "Laceration of the Female Sexual Organs," prepared by him, was read by Dr. Busey, before the American Medical Association.

No American physician has ever been the recipeint of so many honors from great institutions of learning, at home and abroad. The Universities of Oxford, Cambridge, Edinburgh and Pennsylvania, conferred on him their degrees and he was made a Member or Fellow of numerous foreign and American medical societies and scientific bodies.

The autopsy of the great American surgeon revealed gastric catarrh, with irregular thickening of the mucous membrane, fatty heart, and a large cyst of the right kidney. The brain weighed forty-eight ounces; its convolutions were numerous and its sulci deep. He provided, by his will, for the cremation of his remains, and they were thus disposed of in Le Moyne's crematory, at Washington, Pa. His ashes have been interred in the Woodland Cemetry, Philadelphia.

"Lives of great men all remind us
We can make our lives sublime,
And departing, leave behind us
Foot-prints on the sands of time."

How to Render Cheese Digestible.—The Scientific American quotes from a writer, signing himself "Sea Cook," who refers, in the Nautical Magazine (London) to a lecture by Professor Williams, before the Society of Arts, on the comparative nutriment of different foods, and he follows with a receipt of his own for restoring a chemical quality in cheese of which it is deprived in the ordinary mode of manufacture. It is now known that one reason why cheese is indigestible is because the salts of potass. originally in milk are absent from cheese. The Professor tells us that, taking the composition of a whole skinned and prepared sheep or ox, as it hangs in a butcher's shop, the amount of nutriment in it is about equal to one-third of its weight of cheese. The fat is about the same in both, but the difference is due to the bones and excess of water. Thus 20 pounds of cheese contains as much nutritious material as a sheep of 60 pounds weight, and would have the same value as practical nutriment if it could be as easily digested. * * * * Cheese is the most portable of all food, even more so than wheat, on account of the greater value in a given bulk. Common English or American cheese is the best for purposes of food. Make it digestible by restoring the potass., and we have food for our toiling millions on shore, and for those at sea, a food which will go far to not only nourish the consumer, but to make him proof against scurvy as well.

Here is the receipt, and 'Sea Cook" advises all master-mariners to copy it into their private logs, and those who are landsmen to have a copy made for use in the kitchen. Cheese prepared as below is not only good and sufficient of itself for a meal, but with potatoes, rice, etc., forms a most useful, digestible and appetizing adjunct to the *menu* of even a "swell" dinner:

1. Cut the cheese into shreds, or grate it, or chop it up fine, like suet.
2. To every pound of cheese thus treated add quarter of an ounce of bicarbonate of potass.*
3. Put the mixture of cheese and bicarbonate of potass. into a saucepan with either three times its bulk of cold water, or four times its bulk of cold milk, and mix well.
4. Put the saucepan on the fire and bring the mixture slowly to the boiling point, taking care to stir it all the time.
5. Having got it to boil, keep it hot until the cheese is melted, which does not take long.
6. Turn it out into a dish, and the result gives a beautiful nutritious mixture, which thickens like a custard in cooling. This custard may be eaten with impunity, even by those persons who would be ill after eating a piece of cheese the size of a nut, and is peculiarly adapted for food for all persons who work hard with either brain or muscle.

Fancy dishes may be made in the following manner, *e. g.*, take the mixture of cheese and bicarbonate and water (or milk) given above, and add to it two eggs, white and yolk beaten up together, for every quarter of a pound of cheese in the mixture. Put into a dish or a series of little dishes (previously buttered), and bake till brown. This must be eaten with bread or biscuit. Another way is to make the mixture a little thinner by adding a little more milk or water, and to put it in a pie dish with slices of bread laid one over the other. The custard should be poured in cold and left for an hour to soak before it is baked. This dish is a great improvement on the ordinary-bread-and butter pudding.

The Surgical Uses of Subcarbonate of Iron—Dr. N. Timmermans (Journal de Medicine, Bruxelles—Jour. Am. Med. Assoc.) recommends the use of this agent in the treatment of constitutional and local ulcers, recent or suppurating wounds, and in erysipelas. He uses it in ulcers, by first washing the ulcer thoroughly with warm water, by lotions or irrigations, dries the surface with fine linen or or charpie, and then covers the surface and borders of the ulcer with a layer (1 to 3 millimeters) of the powdered subcarbonate of iron, holding it in place by charpie, a compress and a bandage. The first few days it is renewed three and four times a day. If there is abundant secretion, it mingles with the powder and forms a crust, under which the pus forms, and nullifies the action of the drug.

After several days of application, the ulcer, which had been pale, grayish, with a few vascular granulations or none at all, and furnishing a sanious, ichorous, fetid pus, in greater or less quantity, be-

* This, as nearly as possible, puts back into the cheese the amount of potass. that was taken out of it in separating (by rennet) the curds in the original milk.

comes changed in appearance; healthy pus shows itself, the borders, which before were puffed out, have now flattened granulations. A slight pellicle, like a delicate bluish line, appears along the borders, and invades by degrees, and by successive concentric zones, the whole of the loss of substance.

This application is ordinarily painless. But when the ulcer is the seat of a certain inflammation, the pain caused by its use becomes intolerable, and the inflammation must be subdued by the ordinary means before proceeding to its use. Sometimes this pain is due to impurities in the drug, such as sulphate of iron, and the sulphate and carbonate of soda. Varicose ulcers are the most painful on the application of this preparation, and the callous ulcers give the best results from its use, a cure being generally completed in from twenty-five to thirty days. The fungous ulcer also yields readily to treatment. The only cases in which there is absolute want of success, is in those where the ulceration of the subjacent derm is so advanced (scleroderma deuteropathic) that the conditions of the circulation have changed.

The powdered salt of iron, so applied, absorbs the pus, and exercises a certain degree of constringing power, which moderates or arrests the secretion. It is an excitant, acting like a foreign body; it modifies the atonic surface, stimulates and revives its vitality. But its prime force lies in its capacity for establishing an electrical current, and thus stimulating the ulcer.

Hot Milk as a Restorative.—In the Medical Times and Gazette a note appears on the use of hot milk as a restorative. When heated above 100° F., milk loses its sweetness and density, but has a most cordial influence over mind and body when exhausted by labor or mental strain. Its effects are more satisfying and more enduring than those of alcoholic stimulants. This is of a piece with the recent commendations of hot water as a "pick-me-up," in the English medical journals. Any value as a stimulant which is attached to either hot milk or hot water can only be from the heat which it imparts on absorption, to the circulating fluids.

Dr. E. W. Jenks, who left this city five years ago to accept the chair of Gynæcology in the Chicago Medical College, has determined to return to his old home. The doctor found the climate of Chicago insalubrious, and had it not been for business and professional engagements he would not have deferred his return to this late day. Shortly after removing to Chicago he established Springbrook Sanitarium, a private hospital for women, in the suburbs of that city, and the growth of that enterprise imposed on him work which sorely taxed his strength to attend to. He did not, however, feel warranted in making the sacrifice which a forced sale of the property would, possibly, have involved, and he deemed it prudent to continue the enterprise until an advantageous sale could be effected. This he has now done and he will return to occupy his residence on Lafayette avenue about the first proximo. We understand it is the doctor's intention to establish a sanitarium similar to Springbrook, in this city, as soon as practicable. Dr. Jenks has many warm friends, both among the profession and the public in this city, who will be much pleased to hear of his return.

The North American Review for June opens with an article on "Harboring Conspiracy," by Prof. Henry Wade Rogers, who examines, in the light of international law, the diplomatic history of the United States and the national constitution, the question as to how far our government may and must go in suppressing plots against governments with which we are at peace. Henry D. Lloyd, in the same number of the Review, shows how every branch of production is coming under the control of "Lords of Industry," corporations and monopolies. Elizabeth Stuart Phelps has an article marked by rare philosophic force upon the "Struggle for Immortality." Other articles of not less importance are: "Sociological Fallacies," by Prof. W. G. Sumner; "The Rise and Fall of Authority," by President J. C. Welling; "Walt Whitman," by Walker Kennedy; and a symposium on "Expert Testimony," by Rossiter Johnson, Dr. W. W. Godding, T. O'Conor Sloane and Dr. Charles L. Dana.

Gaillard's Medical Journal is grieved at our appropriating from it, without according due eredit, the anecdote illustrative of the comparative strength of the biceps of the genus ursine and the genus homo. Our good brother accuses us wrongly. We didn't "appropriate," neither did we "extract" it. We "abstracted" it and sent it forth properly clad. But surely he would not have us infer that he originated that joke! If, peradventure, he hugs that delusion, the case is one of the most deplorable instances of unconscious absorption which it has been our misfortune to meet. He may have resurrected it, but (and to his credit be it said) created it, surely never!

Gaillard's Medical Journal has known all along that "*per os*" is the correct way of putting it. Now, let us hope that it will no longer allow "*per orem*" to be used as a substitute in its pages.

A German professor has been tackling the important question of how to sleep on a railway train, and has arrived at its solution through an application of physiological laws: You lie with your head toward the engine and you induce cerebral hyperæmia—a condition incompatible with sleep. Lie with your feet toward the locomotive and you determine the blood to the pedal extremities, thus relieving the brain and causing cerebral anæmia, which is the *sine qua non* to nature's sweet restorer. Truly science is great and the Germans are its exponents.

An indignant subscriber wrote a Western editor: "I don't want your paper any longer." The editor, with that guilelessness which characterizes all good members of the guild, replied: "That's all right. I wouldn't make it any longer if you did, because in that case I should have to buy a new press. The present length suits me and I am glad it suits you." Indignant subscribers may guard against such ambiguity in such announcements, besides at the same time complying with the provisions of the law in such matters, by enclosing the amount of their arrearages.

The British Medical Journal tells of a novel method of preventing laxity in the matter of school discipline, employed by a teacher at Lochgeil-head, Scotland. Breaches of discipline are treated by the exhibition of castor-oil to the culprit. Our contemporary neglects to state the immediate effect of the oil on the breeches, leaving this, we suppose, to be inferred. Unless the children are susceptible to homœopathic methods we should have little confidence in the success of such treatment. Ordinarily one would not attempt to correct laxity by the giving of castor-oil, unless, perhaps, the object be to remove the disturbing cause.

The Chinaman cannot pronounce our "r," invariably giving it the sound of "l." One of his nation recently entered the ladies cabin of a ferry-boat, and seating himself beside an Irish market-woman sought to make himself agreeable. Allee samee Melican man, he commenced by discussing the weather, which he declared, rubbing his hands, to be "belly cold." The very proper lady addressed, replied to the observation: "If yees put yer shurt inside yer pants, yer belly wouldn't be cowld, ye haythen blackguard"

The Medical Society of Richmond County, N. Y., has adopted resolutions prohibiting any member from rendering services to a patient who is in arrears to a fellow-member for previous professional services. The remedy is a heroic one, and it would, doubtless, work excellent results if it were faithfully applied. But it will never be faithfully applied. It has been tried elsewhere and physicians have made capital by refusing to apply it, and taking refuge in the philantrophy lay.

A New York judge was annoyed by the coughing of a person in court, and after remonstrating several times in vain, exclaimed, "I am bound to stop that coughing. I'll fine you $10. I think that will stop it." "Jedge," said the cadaverous man who caused the trouble, "I'd be willin' to pay $20 to hev that cough stopped. Ef you kin stop it fur $10, you'd better git down off'n that bench and go to practicin' medicine. There's money in it, jedge — money in it."

One of Barnum's elephants was taken with enteritis in Cincinnati, and Dr. George W. Bowler, V. S., was called in to prescribe for it, which he did as follows: ℞ Lard, 8 lbs.; linseed oil, 1 gallon; laudanum, 1 pint; sweet spirits nitre, 1 pint; Syrup, 1 pint. M. The lard and oil were first mixed and the other ingredients added. The trunk was raised and the whole of the mixture was poured into it through a funnel. The animal recovered, but whether in virtue of, or in spite of the dose, is not stated.

At the meeting of the American Laryngological Association, held at New York on the 12th, 13th and 14th inst, the following officers were elected for the ensuing year: President, Dr. E. L. Shurly, Detroit; 1st Vice-President, Dr. J. H. Hartman, Baltimore; 2d Vice-President, Dr. Wm. H. Daly, Pittsburgh; Secretary and Treasurer, Dr. D. Bryson Delavan, New York; Counsel, Dr. Frank H. Bosworth, Morris J. Asch and Beverly Robinson, New York, and Frank Donaldson, Baltimore.

Professor to class in surgery: "The right leg of this patient, as you see, is shorter than the left, in consequence of which he limps. Now, what would you do in a case of this kind?" Bright student: "Limp too." [N. B. We are indebted for this excruciatingly funny joke to Gaillard's Medical Journal, from which we have *extracted* it.—Ed. Medical Age.]

The American Psychological Journal reports the following description of his wife's condition by a husband who consulted a physician for her relief: "Her head gets twisted up with ideas, and then she kind of gets mad at her own thoughts and fights it out with somebody else." Our contemporary asks, Who has ever given a better definition of insanity?

The Boston Medical and Surgical Journal in a recent editorial discourses eloquently on the therapeutic benefits of early rising. This is pretty good advice, coming from a medical man who habitually rises at half-past eight o'clock in the morning. It is said, by the way, that Thompson wrote his celebrated lines, "Falsely luxurious, etc," in bed, at 10 o'clock A. M.

To remove a cinder from the eye it is recommended to send a flax-seed in after it. The glutinous substance which it forms with the lachrymal secretion, envelopes the irritating body which is carried out thus encapsuled. Travelers on railway trains, who are peculiarly liable to receive cinders into the eye, should carry a small supply of flax-seed with them against these accidents.

It is said that in former days heavy drinkers in England were in the habit of taking a large draught of oil at the beginning of a feast. They, in this manner, prevented the speedy absorption of the wines which they drank, and thus avoided the "roaring drunks" to which they would, otherwise, have been the victims.

ILLUSTRATIONS OF THE INFLUENCE OF THE MIND UPON THE Body in Health and Disease. Designed to elucidate the Action of the Imagination. By Daniel Hack Tuke, M. D., F. R. C. P., LL. D. Late President of the Medico-Psychological Association; Joint Author of the "Manual of Psycological Medicine," and co-editor of the "Journal of Mental Science." Second American from the second English Edition.

Philadelphia: Henry C. Lea's Son & Co.

Detroit: Phillips & Hunt.

In these days of a growing appreciation of the fact that it is not all of the practice of medicine to give drugs, the announcement of the appearance of a book with this title, and by an author who may have peers, but who has no superior in the domain of psychology, as it dove-tails into that of medicine proper, cannot but excite more than the usual degree of desire to see a new book. We have examined the copy before us with much interest, and have satisfied ourselves that great profit awaits those who shall carefully peruse and study it.

The author's object is "to lay down and illustrate certain psycho-physical principles which appear clearly recognizable in the light of modern physiology." He solicits the scientific spirit on the part of his reader. This spirit has neither the dogmatic incredulity of the countryman who would never believe that the huge meteoric stone in the British museum had fallen from the sky, nor the snobbery of him who is quite certain that he has fathomed the depth of the great ocean of knowledge, and that he can gauge the spheres with the measure which he carries in his own pocket. He recognizes the difficulties of his task, but modestly hopes to do good by shedding some light into regions into which few rays have penetrated. As Browning says:

> "To shoot a beam into the dark assists;
> To make that beam do fuller service, spread,
> And utilize such bounty to the height.
> *That* assists also, *and that work is mine.*"

The book is divided into four parts, devoted respectively to the Intellect, the Emotions, the Volition, and the Influence of the mind upon the body in the Cure of Disease. While each of these is full of interest, the latter will receive the greatest attention from the physician. It consists of two chapters, to which the following subjects are respectively allotted: General Psychological and Physiological principles; Influence of Mental States upon Disorders of Sensation, Motion and the organic Functions; Psycho-Therapeutics; Practical Application of the Influence of the Mind on the Body to Medical Practice. The illustrations given of the effect of various emotions and mental conditions on particular diseases, form very interesting reading, and are full of suggestiveness to the practitioner, and in the closing chapter the great importance of the physician's ability to arouse helpful emotions and create favorable mental conditions, is insisted on. The section on the importance of arousing the patient's will, carefully considered, will yield abundant returns to both physician and patient. The poet Churchill said:

> "The surest road to health, say what they will,
> Is never to suppose we shall be ill;
> Most of these evil we poor mortals know
> From doctors and *imagination* flow."

Mesmerism, Braidism or Hypnotism receive due attention, but the limits of our space forbid a reference to the author's treatment of them. "I tell thee, Horatio, there are stranger things than are dreamt of in our philosophy," and many of these strange things are laid before us in Dr. Tuke's book.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART.—By Constantine Paul, Member of the Academy of Medicine, Physician to the Lariboisiere Hospital. Translated from the French.

New York: Wm. Wood & Company. Detroit: John MacFarlane.

This volume is number III. of Wood's Library. It is an exhaustive treatise by a competent author, on a subject in which the general practitioner frequently feels the necessity of more light than is shed by the average text-book. There is no affection of the heart, functional (so-called) or organic, which is not discussed with the ability of a master. The book is such a one on its subject as is not excelled, and forms a valuable member of a most valuable and remarkably cheap series.

CONVERSATIONS BETWEEN DRS. WARREN AND PUTNAM, ON THE Subject of Medical Ethics, with an account of the Medical Empiricisms of Europe and America. By Frank Hastings Hamilton, M. D.

New York: Bermingham & Company.

These imaginary conversations were originally published in the Medical Gazette, and are now for the first time published in book form. They very deftly introduce the views of the author on the subject of medical ethics. Dr. Putnam, who, we assume, voices the sentiments of the author, is made to get the best of the argument with Dr. Warren, who is in favor of the position taken by the New York State Medical Society on the question of the Code. The book makes agreeable reading, and while its purpose is the suppression of rebellion against the Code of Ethics of the American Medical Association, "Dr. Warren" advances many thoughts which a disciple of his, were he permitted sufficient space, could make effective as against "Dr. Putnam's" position.

History of Amputation at the Hip-joint.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

Not long since, I read a work entitled "Biographical History of Eminent and Self-made men of Michigan." In reading the biography of Dr. Isaac Wixom, late of Fenton, Mich., who, while living, enjoyed a very extensive surgical practice in this section of the State, I noticed that he is credited with being the first in the United States to successfully perform amputation at the hip-joint, in the beginning of 1845.

With due respect for the surgical skill of the late Dr. Wixom, I feel constrained to correct this error,

and give the readers of the AGE the correct history of this important operation as completely as I can from the authorities at my command: In Vol. I. International Encyclopædia of Surgery, we read that the case usually referred to as the first amputation at the hip, occurred in 1748, in the person of a lad of 13 or 14, who had been attacked with gangrene of both lower extremities as the result of eating spurred or smutty rye (*blé ergoté*). On the right side a line of separation had formed at the hip, and when the limb was almost completely detached by the efforts of nature, M. Lacroix, the attending surgeon, removed it by simply dividing with scissors the ligamentum teres and the sciatic nerve. Four days afterwards, the left limb was painlessly and bloodlessly amputated on a level with the great trachanter by sawing through the bone which was exposed by the separation of the gangrenous soft parts. The patient did well for a while, but finally succumbed, eleven days after the second, and fifteen days after the first operation. A quarter of a century later (1773 or 1774), Perault, a surgeon of Sainte Maure, performed a similar operation upon a man named Francois Gois, whose thigh had been crushed between the pole of a carriage and a wall, and had subsequently become gangrenous. The limb was almost entirely separated by the processes of nature, and Perault merely completed its removal. The patient recovered, and twenty years afterwards was working as a cook in an inn of Sainte Maure, was married, and had a healthy child.

The first amputation of the hip, *through living parts*, appears to have been performed by Mr. Henry Thompson, Surgeon to the London Hospital, sometime before 1777, that is if his namesake, Dr. John Thompson, is correct in supposing that it was this case the "horridness" of which provoked Mr. Percival Pott's denunciation of the procedure, in his "Remarks on Amputation," written in that year. In December, 1778, Mr. Kerr, of Northampton, amputated at the hip in the case of a girl of eleven years, who was suffering from advanced hip disease and phthisis, and who survived the operation eighteen days. The first hip-joint amputation in military practice occurred in 1793, the patient being a French soldier of the army of the Rhine, and the operator, the illustrous Baron Larrey. The case terminated unfavorably owing to the patient's being obliged to accompany the troops in a forced march, which they were compelled to undertake a few hours after the operation. Three cases, (two successful) are attributed to the elder Blandin (Larrey's assistant), in 1794, but, though Velpeau and Lisfranc both refer to them they give no reference to their authority, and certain contemporary or nearly contemporary writers, including Larrey and the younger Blandin, do not mention their occurrence, so that their authenticity has been called in question. Browning (in 1811) was the first British army surgeon to attempt the operation, which he repeated successfully in the following year, the latter case being, if Blandin's claims are disregarded, the first instance of recovery from the operation known to military surgery. The first case of amputation at the hip-joint which occurred in the United States was that of Dr. Badley in 1814. The patient having his thigh crushed by machinery. The amputation was primary; patient died the following day. Reported by Dr. Smith in New York Medical Journal, September, 1852.

In 1824 Dr. Mott performed the operation of amputation at the hip-joint for caries following fracture. Patient made a good recovery. This is the first successful case of hip-joint amputation reported in the United States. Phila. Journ. Med. and Phys. Sci., Vol. V.

Dr. Brainard performed the operation in question in 1837, in a case of malignant tumor following fracture. Circular method employed in the operation; patient died in 48 hours from hemorrhage. Am. Journ. Med. Sci., 1838, xxii., 372.

In 1840 Dr. Duffee successfully amputated at the hip joint in a case of coxalgia. Am. Journ. Med. Sci., July, 1858, p. 283.

The next successful case of the operation in question was that performed by Dr. Sweat in 1844, in a case of osteo-myelitis. This was a case of re-amputation by the circular method. New York Journ. Med., 1847, ix., 38.

This operation was again attempted by Dr. Buel in 1847 in a case of railway crush of the thigh. Patient died within twenty-four hours. Am. Journ. Med. Sci., 1848.

This last case would be antedated by Dr. Wixom's operation if the doctor's case is well authenticated. We have been unable to find any other record of it except in the work referred to at the outset of this article.

In 1850 Dr. May again successfully performed amputation at the hip-joint in a case of scrofulous degeneration of the femur. Am. Journ. Med. Sci., 1851, xxii, 313.

The operation has been performed so frequently in this country since 1850 that cases of hip-joint amputation since that date have not so much historic value as those previous.

Two Cases of Puerperal Eclampsia.

REPORTED BY CYRUS KAY, M. D., HERKIMER, N. Y.

CASE I.—Mrs. C., æt. 26, married, mother of three children, last confinement four years ago. Was called April 20th. Patient complained of swelling of feet, limbs and eyelids, and pain in the back. Was slightly amaurotic. The patient had gone out at 2:00 P. M. in her slippers, and had experienced a chill. Examination showed her pregnant about six and one-half months. There was œdema of lower extremities, extending to the thighs. Urine sp. gr. 1030; alkaline, dark brown; boiling and nitric acid revealed nearly half albumen. About 6:00 P. M. of the same day, was called again; found patient vomiting; great pain in epigastrium; face and neck greatly congested. Ordered counter-irritation over stomach,

and hot foot-bath, and gave one grain of opium. In less than fifteen minutes a very severe convulsion occurred, lasting about five minutes. Administered chloroform and applied counter-irritation over the kidneys. Examination per vaginam found the os dilated to about the size of a half dollar. Dr. Casey was called in consultation. It was not thought best to deliver quickly and I introduced a Barnes' dilator. At ten o'clock there was not much change, convulsions occuring every half hour. No urine was passed and I failed to detect any in the bladder. At midnight the os was about the size of a silver dollar, and there was slight hemorrhage. Death took place at two o'clock, A. M.

CASE 2.—Mrs. W., æt. 30, married, mother of one child; last confinement two and one-half years ago. Was called at midnight, May 1st. I had never seen the person previous to this visit. Found patient in labor; os dilating nicely, pains regular. About one hour afterward the husband informed me that her limbs were very much swollen, upon which I immediately made an examination and found œdema of the lower extremities to such a degree that the anatomical prominences were obliterated. An examination of the urine just passed showed it to be coffee color, and highly albuminous. I advised the husband and friends of the danger.

At four o'clock A. M. the patient gave birth to twins (girls). Pulse 80, temperature normal and condition otherwise apparently favorable. At this time I was informed that a physician from a neighboring village had been treating her for kidney-trouble for the past three months. At 5:00 A. M. the pulse was 75, temperature normal, and condition good. At eight o'clock A. M. was called in haste. Found patient vomiting and suffering great pain in the stomach. Face very much congested and great systemic excitement. Ordered counter-irritation, but before the order could be obeyed, a severe convulsion occurred. Ordered chloroform, after the effects of which had subsided, consciousness returned, but it was of short duration. Convulsions continued every twenty minutes until eleven o'clock, after which they occurred every hour. In consultation I urged phlebotomy but was over-ruled.

The treatment was:

℞ Potassii bromidi..... ʒ v,
Tr. digitalis..... ʒ ijss,
Aquæ.....
Syrupi ää..... ℥ j.

M. Sig. Teaspoonful every three hours. Counter-irritation over the kidneys.

Death took place at three o'clock, P. M. No urine was passed after first convulsion.

Will some reader of the AGE, who has had a number of these cases, please report his plan of treatment? I have had four cases within three years, with three deaths.

The Michigan State Medical Society will hold its next annual meeting at Grand Rapids on the 11th prox.

Placenta in Abortion.

BY H. SPEIER, M. D., BELLE PLAINE, MINN.

Dr. A. G. Young, in the MEDICAL AGE of April 25th asserts firmly that the proper management of the placenta, in abortion, consists in its prompt removal. He is right. The teachings and weight of authority are so much in its favor, that I should very reluctantly face a charge of malpractice, where I had left the discharge of the placenta to the tardy efforts of nature. Of course, by removing the placenta we are not always able to prevent serious after-effects, and may sometimes even blame ourselves for meddlesome interference, and wish we had trusted a little more to nature. A case in point: Mrs. M., æt. 21, married 4 months, had grown up under the care of an old gentlemen, and had never received instructions about the genital functions, etc. On the morning of Feb 1st, the husband, also young and inexperienced, came to my office and informed me that his wife's courses, absent since the marriage, had reappeared in considerable force, having lasted all night, and the day before. On arriving at the house, I found the fœtus already discharged. Moderate hæmorrhage, os fairly dilated. Waited a while, an hour or more, for spontaneous discharge of placenta, but finding the os contracting at a rapid rate, I removed secundines with the finger. This was not an easy operation, the os having already contracted so strongly as to make it very difficult and painful for the finger to move about in the uterine cavity, and nearly impossible to reach the fundus. Hæmorrhage normal in quantity. Left her in good condition, and, as I thought, on a fair way to recovery. Next morning, high temperature, 103° or thereabouts (I am writing from memory), discharge from uterus stopped; external os contracted so firmly as to admit barely the tip of the finger. Sent at once for a double elastic catheter. When this arrived, two days later, had to relax os by application of belladonna ointment, and did not get sufficient relaxation until a beautiful belladonna rash had appeared on the body. With a 1-10 per cent solution of corrosive sublimate, I washed out the uterus and succeeded in bringing away, on the fourth day after the abortion, clots of badly smelling material, whether simply blood or parts of the secundines, I could not say. The washings were continued for several days, until the water returned perfectly clear.

To make a long story short, septic poisoning had already taken place. The various antiseptics, antipyretics, alteratives and tonics were given, but the fever assumed a hectic type, and my patient failed gradually but so slowly, that I could not make her husband see or believe it. After five weeks the case was taken out of my hands and given to a female physician, a homœopath, who promised to cure in a a week. Result: Mrs. M. was buried three days ago.

The case has given me a great deal of uneasiness. I have not been able to determine in my mind

whether I should have left the placenta, for nothing worse could have resulted than the septicæmia which followed anyhow, or whether I should have removed the secundines immediately on arriving at the scene, without waiting for any natural efforts, or lastly, whether this was one of the unavoidable accidents, and whether no blame can be attached to me.

At any rate, in my next case of the kind, I shall strictly follow authorities and remove the secundines, without any delay whatever.

Management of the Cord After Delivery.

BY AN OLD PRACTITIONER.

It would be discourteous not to respond to Dr. Bailey's request to give my method of managing the cord after delivery, and more particularly so after his kindly opinion of my remarks on "Common Sense in Obstetrics," in a previous number of the AGE:

The child having been expelled it is my practice to carefully wipe its face, mouth and eyes, to remove any blood or tenacious mucous which may have attached thereto. Then placing it in convenient position, lying on its side, I allow it to remain until the pulsation of the cord has ceased. This, I deem important. The too hurried severing of the cord is harmful. Let the child derive from the mother all the blood it may. I believe that the cutting it off from the source of supply before the placenta has become detached, is at the expense of its vitality.

When pulsation has ceased take a piece of tape, a quarter of an inch in width, and about twelve inches long. This should be strong enough to withstand necessary tension, for it is a very disagreeable thing to have it break in the act of tying. Selecting a point three inches from the child's umbilicus, tie the cord at that point with one end of the tape. Without cutting it tie the cord with the other end at a point two inches nearer the placenta, It is important that the first tie be sufficiently tight to prevent hemorrhage, and to that end it would be well for the accoucher to imagine for the time being that he is ligaturing an artery, and that the inner coat thereof must be severed by the ligature. Both ties having thus been made, one cut of the scissors severs both cord and ligature. A piece of cotton cloth, six inches square, is then taken and a hole large enough to admit the cord is cut in its centre. Through this hole the cord is then passed, until the cotton reaches the child's abdomen. The cotton is then neatly folded around the cord, and tightly wound with five or six turns of twine or thread, to keep it snugly in place. Thus wrapped the cord is laid on the child's abdomen, severed end up, and at an angle of forty-five degrees, in which position it is retained by the binder.

Perhaps some reader may think I have been unnecessarily minute in the description of my method. If such there be, I beg to assure him that if he will follow these directions to the letter, he will have none of those "accidents" in connection with the chord which have scandalized the profession. "Make haste slowly," is a good motto for one's guidance in managing the cord.

Ipecacuanha in Dysentery.

BY JOHN E. KUNKLER, M. D., SAN FRANCISCO, CAL.

I believe that it is generally conceded by a large majority of our profession, that the use of ipecacuanha in large doses in the treatment of dysentery, does not date back more than fifty years. The perusal of ancient books often brings to light the fact that em edies that are sometimes heralded as new discoveries were known and used centuries ago. In reading the works of the gifted and talented French poet and author, Jean Racine, I came across a letter written by him to his son, from Fontainebleau) dated September 25th, 1693, in which he states among other things: (I translate from the French, "Say to your mother that I am sorry to learn of the illness of her coachman; I have consulted Mons. Dutertre, concerning his ailment, however, and he assures me that it cannot be dysentery, as Helvetius' remedy has been of no avail."

In a foot note, I read, "Adrien Helvetius was the first physician who employed ipecacuanha in the treatment of dysentery. He used this remedy a long time as a secret. Louis XIV ordered him to make it public, and accorded him gratuity of one thousand Louis d'or."

This edition of "Racine" from which this was taken was published in Paris in 1810.

THE DOCTOR THE TRUE ANTHROPOLOGIST.—The doctor comprehends the three-fold nature of man—man intellectual, moral, physical, and thus comes to a true anthropology. He sees him, not in the framed and flattering picture of the artist, not arrayed in the clothing of social conventionalism, but without artificial adornment, and stripped of all disguise; he sees him at all times, in all places, in all circumstances; he knows the glory and the shame, the power and the weakness, the valor and the cowardice, the goodness and the wickedness, the selfishness and the selfsacrifice, the virtue and the vice, the joy, the hope, the gratitude, the love and the despair, the hate, the gratitude, the sin and the sorrow of this human nature. (*Theophilus Parvin.*)

The Medical Age.

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American Medical Association.

(*Concluded from page* 153.)

May 6th, 1884.—*First Day.*

The Section on Surgery and Anatomy of the American Medical Association was called to order by its chairman, Dr. C. S. Parkes, of Chicago, at 2:30 P. M. Dr. H. O. Walker, of Detroit, Secretary.

The chairman called attention to the necessity of economizing time, which would probably be found to obtain at the present meeting, and at his suggestion, a motion was made, and carried, by which each speaker was limited to five minutes in his remarks on the paper under discussion.

The first paper of the session was by Dr. Frederick S. Dennis, of New York, its subject being the

Treatment of Compound Fractures.—The great rules, upon the necessity of observing which, he insisted, are: 1, immediate fixation; 2, absolute cleanliness; 3, free drainage, when necessity demands. In his opinion, the results which follow the observance of these rules are more satisfactory than those attendant on the requirements of Listerism, in all their minuteness. He insisted on the necessity of the entrance of air into the ends of the fractured bones, in order to constitute the injury a compound fracture. The laceration of a limb in connection with a fracture does not make the latter compound, unless the air be admitted to the bone. He reported the results of his treatment of 128 cases of compound fracture occurring in all locations, the cranium included. By a strict observance of his rules only seven deaths occurred, and six of these were of twenty-three cases of compound fracture of the skull.

The death of Dr. S. D. Gross was announced at the close of the reading of the paper, and on motion, a committee was appointed to prepare appropriate resolutions, and the Section adjourned as a mark of respect to the memory of the deceased.

May 7th.—*Second Day.*

The minutes of the previous meeting having been read, Dr. T. R. Varick, of New Jersey, read a paper on

Railroad Injuries of the Extremities, discussing chiefly the site of amputation and the subsequent treatment of the stump. He insisted on the necessity of looking beyond the immediate apparent seat of injury for the traumatism. Frequently important lesions remote from such seat are overlooked. The causes of the diffuseness of the injury are: 1, the rupture of muscles by their own contractile efforts, the individual, immovably fixed at one point, struggling to free himself; and 2, the pulpification of the tissues, producing a diffusion of the liquids contained therein. He regarded the forcing back of the venous blood to the right side of the heart, producing paralysis of that organ, as the immediate cause of death from shock, as it occurs in railroad injuries. He recommended hot water as the best application to the stump flaps to prevent the oozing, and held that the flap wounds should not be approximated as long as the slightest oozing exists. Free drainage by means of tubes, irrigation with a thymol solution, and an external dressing of oakum, constituted the further details of the treatment, the results of which he had found to compare very favorably with those following the methods of other surgeons.

The committee appointed to draft resolutions of

respect to the memory of Dr. Gross, reported the following, through Dr. Lewis A. Sayre, of New York:

Resolved, That the members of the Surgical Section of the American Medical Association have received with a sense of profound regret the intelligence of the death of Prof. Samuel D. Gross, of the State of Pennsylvania, one of the greatest ornaments of this Association, and one of the most distinguished teachers and authors in the medical profession of the United States.

Resolved, That the memory of the deceased deserves to be cherished with love and veneration by the members of the medical profession, as that of a man profoundly versed in medical science, and worthy to be ranked with the greatest and ablest of our age and country.

He had mastered the vast learning of his profession, and the natural kindness of his great and generous heart was such, that throughout his long and successful career as a practitioner he was continually experiencing the most intense satisfaction and pleasure in relieving by his science the suffering of humanity.

Resolved, That these resolutions be entered upon the journal of the proceedings of this section, and that the chairman transmit a copy to the family of the deceased.

The report was adopted by the section, and the committee discharged with thanks.

Dr. J. W. S. Gouley, of New York, presented a specimen of pieces of a calculus fractured spontaneously in the bladder of a patient, and evacuated *per viam naturalem*, and explained at some length what he thought might be the cause of the so-called spontaneous fracture of stone in the bladder, namely, molecular action.

In the discussion which followed, there was considerable doubt expressed on the possibility of spontaneous fracture, as reported.

Dr. C. A. Wheaton, of Minnesota, read a paper on Amputation of the Hip-Joint, in which he gave a review of the various methods controlling hemorrhage, and gave also a history of the different important devices for preventing bleeding from the iliac, during and after the amputation. He did not like digital pressure as sometimes employed, and thought that the abdominal tourniquet was too apt to make pressure on the important organs, nerves, etc., of the parts. Lever instruments were spoken of, and reference made to peritonitis being induced by the rectal lever. The instrument known as Trendlenburg's trocar, was noticed and its use explained. Jordan's amputation was fully explained—it being a modification of Dr. Abernethy's method. Lloyd's mode of using an India-rubber band to stop pulsation in the femoral, and in branches of the iliac, was carefully explained. He thought very highly of this method, as it was applicable both to amputation at the joint and excision of the head of the femur, and he had used it himself successfully in two cases, within the past year, availing himself, in addition, of the means of safety given by Esmarch's bandage.

Dr. Varick, of New Jersey, exhibited a Trendelenburg's rod or trocar, which he had had made from a description of the instrument, which he had read in foreign journals, and which he believed to be the first one made in this country. He had used the instrument successfully in one case, modifying in a slight degree the method of using it recommended by the inventor.

Dr. Byrd, of Illinois, has used Lloyd's bandage as described, but uses a larger tube or elastic, and is very decidedly in favor of its use, and fully corroborated what Dr. Wheaton had said in its favor.

Dr. Dawson, of Ohio, in a case of the kind, used an assistant's hand in controlling hemorrhage, and thinks that in the future this operation can be made free from much of the risk of bleeding heretofore incurred.

Dr. McGraw, of Michigan gave his experience in hip-joint amputations, and narrated a case in which he had used the rectal lever with success. In his last three cases of this operation, two had made a good recovery.

Dr. Maclean, of Michigan, uses the abdominal tourniquet in his amputations at this joint, and always succeeds in controlling the hemorrhage during the operation.

Dr. William A. Byrd, of Illinois, read a paper on an earthy calculus in the substance of the liver, in the course of which he gave a full history of a very singular case: The patient, a male, aged about 30 years, had been ill about four months, apparently from malarial fever. Dr. Byrd opened the painful point over the liver. In the course of his probing it one day, he discovered the presence of a hard substance, and extracted a calculus weighing 115 grains. He did not wish to state positively what the origin of the stone was, and desired to know, but his request elicited no information or suggestions.

Dr. N. Senn, of Wisconsin, read a paper entitled Branchial Cysts of the Neck, in which he discussed the etiology and pathology of such cysts. He gave the views of the origin of these structures held by the leading pathologists of Europe, and clearly defined his own thoughts on the subject. He believed they usually contain the products of degenerated epithelial cells, unlike the mucous and dermoid cysts. The treatment by extirpation is really the only sure method, but is sometimes not possible, and in such instances the thick creamy fluid usually found within is to be drawn off, and an attempt made to set up an adhesive inflammation of the walls by means of the injection of irritating solutions, which often require repeating. The German surgeons do not expect very favorable results from injections.

The paper was highly complimented, as was also the industry of its author, as shown in his research.

Other papers were read by title and referred to the Committee on Publication.

May 8th—*Third Day.*

Dr. Charles A. Dulles, of Pennsylvania, read a paper on "The Treatment of Hydrophobia, Historically and Practically Considered."

Dr. Charles T. Parkes, chairman of the Section, read a resumé of his address, which was read by title before the General Session of the Association. Its subject was,

Gunshot Wounds of the Small Intestines.—It was written to controvert the prevailing belief among surgeons that the expectant mode of treatment in wounds of the small intestines is preferable to operative interference. It contained a full and exhaustive consideration of the subject in its various aspects, and gave a detailed report of experiments performed on animals. These experiments consisted of shooting the animals, which were principally dogs, through the abdomen with a Smith & Wesson revolver of various calibre, and treating the wounds in the intestines on the expectant and the operative plans. Forty-five animals were employed, showing that the investigation was by no means a superficial one. Of these, six died of the effects of the anæsthetic, thus leaving thirty-nine on which the experiments were conducted. The operation consisted in cutting freely through the abdomen at the point of entry of the bullet, enlarging the opening sufficiently to permit of the removal of clots, and to secure free drainage. The wounded intestine was resected, and the severed ends brought together and united by ligature. The perusal of the paper in its entirety will be necessary to instruct, in the detail of the procedure, those who find in the results, as epitomized, a sufficient reason for giving the matter further consideration.

Two of the thirty-nine were used to demonstrate the effects of closure of the main branches of the mesenteric artery upon the nutrition of the intestines. Of the remaining thirty-seven (37), three cases died immediately after the shot or from the effects of profuse hæmorrhage; one having a division of the aorta just below the mesenteric artery; the second had a large laceration of the kidney, with a wound of the renal artery; the third, a laceration of both kidney and spleen. One case, No. 4, had tetanus three weeks after operation, and is given a special position, simply owing to the presence of this condition as a complication in the case. The post-mortem examination developed other conditions which would have caused death, and which were no doubt the cause of the tetanic convulsions. Twelve of the remaining cases died inside of twenty-four hours, either from severe primary or recurring hæmorrhage, and the effects of the very extensive character of the wounds. Two out of this twelve (12) were cases requiring the removal of the pregnant uterus, accompanied with many perforations of the bowel; death in both occurred from secondary hæmorrhage from uterine stumps—the ligature having slipped. Three (3) more had slight lacerations of the spleen and numerous perforations of the intestine. The spleen was removed, and several inches of the tube excised in each case. In three (3) others, from twelve to twenty inches of the bowel was excised, and many arterial trunks severed. One of the twelve (12) had rapid mortification of five or six inches of the entire caliber of the bowel, apparently dependent upon the division of two large mesenteric arteries by the bullet, and also the resection of six inches of the intestine. The remaining three (3) of the number dying inside of twenty-four hours, are classified as having died of shock. On all of them the damage done by the missile was of excessive severity. The bullet was of large size (38 or 44 caliber), and the firearms possessing great penetrating and lacerating power. There was not manifested in any case any recognizable evidence of shock aside from that following great loss of blood. The transit of the bullet made no noticeable impressions upon the pulse or respiration. In every instance where signs of severe prostration became manifest, through change in respiration or weakening of pulse, there was found profuse hæmorrhage to account for such condition. Dr. Parkes is inclined to infer that the cases are exceptional indeed, in which purely nervous shock will give rise to symptoms severe enough to mislead one to perform an unnecessary ventral section; rather, when severe constitutional manifestations follow the passage of a bullet through the abdominal cavity, good cause for them will be found, as soon as the cavity is opened, in wounded viscera or blood-vessels, and this course will often be the only possible way of either actually saving life or even prolonging it. None of these twelve cases could possibly have lived longer than twenty-four hours after the injury received. Most of them would have died much sooner without the control of hæmorrhage, alone made possible by the opening.

Two cases of the series were subjected to the expectant treatment. These cases were chosen because their injuries did not seem very severe; the hæmorrhage was not great, and the prostration not extreme. Both died: the first in one day; the other lived five days. Post-mortem examination showed extensive extravasation of the contents of the bowel and septic peritonitis.

In one case an attempt was made to establish an artificial anus. The wounded intestine was resected, and the ends fastened to the edges of the abdominal incision. The animal died of septic peritonitis in three days. This trial was made early in the experimentation, before any definite plan of procedure had been settled upon. This is the only experiment that has occasioned Dr. Parkes any regret, for he felt satisfied that, with a fair junction of the bowel and a clean abdomen, the animal would have been saved.

Eighteen of the thirty-seven (37) have thus far been accounted for; of the remaining nineteen (19) ten (10) died, and nine (9) recovered.

It may be a matter of surprise that the percentage of successful cases presented is so small—nine out of nineteen—so few out of so many. When, however, the extremely adverse circumstances under which these experiments were performed are considered, it is a matter of astonishment to have so many recoveries included in so few cases. It is suggestive

to remember that all the recoveries followed the use of Lembert's method of bringing the peritoneal surfaces together, while in many of the failures trials were made of other methods. Full six weeks have gone since the last case followed by recovery was subjected to operation. The first favorable case was treated four months ago. None of the animals present evidence of being other than in their usual health. The longest resection of intestine among the recoveries measured over six (6) inches and included four (4) perforations.

It is scarcely possible to do work of any kind under more disadvantageous surroundings than accompanied the performance of these experiments. The operative work was carried on and the animals kept in the prosector's room of a medical college during the winter season, in the midst of the odds and ends and bad hygienic conditions of such a place. No better accommodations could be secured. The labor has been purely one of experimental inquiry, and not a striving after recoveries, implying a choice selection of attendant circumstances and special preparations to that end.

Dr. Parkes tabulates the following conclusions as outgrowth of the experiments:

1st. Hæmorrhage following shot wounds of the abdomen and the intestines is very often so severe that it cannot be safely controlled without abdominal section; it is *always* sufficient in amount to endanger life by secondary septic decomposition, which cannot be avoided in any other way than by the same treatment.

2nd. Extravasations of the contents of the bowel after shot injuries thereof are as certain as the existence of the wound.

3rd. No reliable inference as to the course of a bullet can be made from the position of the wounds of entrance and exit.

4th. The wounds of entrance and exit of the bullet *should not be disturbed* in any manner, except to control bleeding or remove foreign bodies when present. They need only to be covered by the general antiseptic dressing applied to the abdomen.

5th. Several perforations of the intestines close together require a single resection, including all the openings. Wounds destroying the mesenteric surface of the bowel always require resection.

6th. The best means of uniting the wounded intestine after resection is by the use of fine silk thread, after Lambert's method. It must include at least one-third of an inch of bowel tissue, passing through only the peritoneal and muscular coats, never including the mucous coat. The everted mucous membrane must be carefully inverted, and needs no other treatment.

7th. Wounds of the stomach, small perforations, and abrasions of the intestine, can be safely trusted to the continued catgut suture.

8th. Every bleeding point must be ligated or cauterized, and especial care devoted to securing an absolutely clean cavity.

9th. The best method of treating the stumps of divided mesentery is to save the mesenteric surface of the bowel, as above indicated.

10th. *Primary abdominal section* in the mid-line gives the best command over the damage done, and furnishes the most feasible opening through which the proper surgical treatment of such damage can be instituted. Farther, its adoption adds but little, if anything, to the peril of the injury.

11th. Is not the moral effect of the assurance to the patient, that he will be placed in a condition most likely to lead to his recovery, a good substitute for the mental depression accompanying the general and popular conviction that these wounds mean certain death?

Dr. T. F. Prewitt, of Missouri, read a paper based on a case of

CHRONIC SEROUS SYNOVITIS OF THE KNEE, in which there was an enormous communicating popliteal bursa extending to the tendo Achilles. The treatment which he recommended was aspiration, counter-irritation by tincture of iodine, etc., compression and fixation of limb. He was not favorable to the employment of setons, believing that they excite too much inflammation.

Dr. E. H. Bradford, of Massachusetts, spoke on the

TREATMENT OF OBSTINATE CASES OF CLUB FOOT. He showed plaster casts, illustrative of the treatment which had followed his method of treating such cases. He employed an instrument consisting of a steel plate, with three points of pressure applied,—one over the os calcis, one over the head of the astragalus, and one over against the metacarpal bones. The results, as shown in the casts, were very satisfactory, and the instrument received much thoughtful attention from the members.

The last paper presented to the section was one by Dr. Geo. L. Porter, of Connecticut, on the "Entrance of Air into the Veins as a Secondary Cause of Death."

The section then adjourned.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

MAY 6th—*First Day.*

This section was called to order by its chairman, Dr. T. A. Reamy, of Cincinnati.

Dr. R. S. Sutton, of Pennsylvania, read the first paper, its subject being "Desperate Surgery Among Women." He argued in favor of capital operations in gynæcology only by those whose special training, and whose special facilities, qualify them for the work. The paper was a plea for the recognition of the gynæcologist proper, as against the general practitioner, in this line of practice.

The paper aroused some slight discussion, the members agreeing that the views, as expressed, were proper, but that they were quite impracticable.

The death of Dr. Gross having been announced, the section adjourned until afternoon, out of respect to his memory.

On convening in the afternoon, Dr. Joseph Tabor Johnson, of Washington, read a paper on "The effects of Trachelorrhaphy." The paper and the discussion which was had on it, showed the existence of a very considerable diversity of views touching the benefits of this operation, and the wisdom of the frequency with which it is performed by some specialists.

MAY 7th—*Second Day.*

Dr. Parvin, of Pennsylvania, opened with a paper on "Puerperal Septicæmia," which was devoted principally to a discussion of the prevention of the condition. He insisted on cleanliness as the most effectual prophylactic.

Dr. A. Reeves Jackson, of Illinois, contributed a paper on "The Relations of Ovulation to Menstruation." He maintained that there existed little or no relation between the two functions.

"The management of protracted labor," was the title of a practical paper by Dr. W. H. Taylor, of Ohio, which excited considerable interest, being a consideration of the process from a physiological point of view.

A paper by Dr. J. H. Clayborne, of Virginia, on "The Use of Chloroform in Labor," concluded the work of the section for the day.

MAY 8th—*Third Day.*

Dr. J. E. Taylor of New York, read a paper on "The Management and Rectification of Occipito-Posterior Presentations."

Dr. Busey read a paper, written by Dr. S. D. Gross, on

CAUSES AND PREVENTION OF LACERATION OF THE FEMALE SEXUAL ORGANS.—Gynæcologists were very ready to invent operations for lacerated parts, but rarely sought any way to prevent these accidents. Dr. Emmet had said that nearly every primipara suffered some laceration of the cervix. If this were so, then God ought to have made a gynæcologist as a supplement to his creation of women. In discussing the subject of the causes of lacerations, Dr. Gross spoke in the severest terms against the too frequent and maladroit use of the forceps. He urged very strongly the employment of venesection in order to relax the parts. The paper gave rise to an animated discussion.

Dr. Robert Battey, of Georgia, put himself on record in confirmation, in part, of the views expressed by the late venerable and lamented ex-president. Although a very much younger man than Dr. Gross, the summing up of his obstetrical experience has been—to put it in a few words, as he looked back over it—that in not a single instance has he had reason to regret the use of his lancet in obstetrical practice. In many instances which he recalled, he believed that positive good would have grown out of the more frequent use of it.

Dr. H. F. Campbell, of Georgia, was glad of the opportunity to discuss this paper. The principles enunciated will, perhaps, not meet with the commendation of many, no matter how much the illustrious man who honored this section with his last production, may be venerated. He, (Dr. C.,) was glad to entertain views so entirely consonant with those of the paper. He was glad, too, that the gentleman who has just spoken, and who is from the same State as himself, agrees to a great extent, in the few remarks he made with himself. Bloodletting in labor, especially under certain circumstances, had, in his opinion, been most unjustly laid aside. Look back and see what has been given us in the place of blood-letting. Chloroform, chloral, bromide of potassium, and a variety of other remedies. The cause of convulsion is variously estimated. One will say that the cause is uræmia, another will say anæmia.

Now let us look at the matter naturally and logically. If anæmia of the brain is a cause of puerperal convulsions, why give those very remedies that proexsanguination of the brain? In that case why give chloroform, why give bromide of potassium, or any other remedy that exsanguinfies the brain? On the other hand, as to uræmia. Why does urea collect in the blood? Because of the congestion of the kidneys. If congested kidneys arrest the flow of urea and retain it in the blood, which thus results in convulsions, exsanguinate the kidneys, bring the kidney down to a healthy point, eliminate the urea, that the blood may be free from it.

Dr. Campbell had made some experiments in regard to the matter of bleeding producing convulsions. At one time it was claimed that convulsions arose from an irritation of the brain, now it is claimed that they result from anæmia of the brain. He took two birds and cut all the tissues that were in front of the cervical portion of the column. The birds bled, fell and died without a kick. If anæmia of the brain could produce convulsions, certainly they must have resulted in this case. The birds were ordinary barn-door fowls.

Dr. Harvey, of Indiana, said: "While no one excels me in respect and honor for the author of that paper, I take it now that the subject matter is to be treated as freely as though the author was here among us, and especially do I deem it right and proper that we should discuss his paper when such doctrines and teachings have been given to us this afternoon. It is a matter of necessity, it seems to me, that the proceedings should lead to an expression upon the other side of the proposition, because I know that such an expression and feeling exist. We are certainly not going to turn back in this stage of the world and begin to again bleed our patients, while I admit the necessity for the use of the lancet occasionally, in certain well selected cases. And I want to say that although I am a young man, I entered the medical profession in the days of blood-letting and followed the teachings of Dewees and White. I have seen good immediate results in labor from the use of the lancet, yet I have seen better results from the use of chloroform and opium, both in convulsions, and in relaxation and prevention of lacera-

tion; and the accidents spoken of in the paper. I think that we ought to feel grateful toward our lamented friend for considering the subject, and bringing it before us as has been done; but I am certain that by the remedies now in use the accidents would be prevented much better than by means of blood-letting. Although the latter occasionally acts in a beneficial way, it certainly does harm to the patient in the long run."

Dr. Kinloch, of South Carolina, "My whole impressions from the reading of this paper (as much as I love and venerate its author), is that we have here a paper representing simply the force of early impressions. It shows us how tenacious those impressions are. We must not forget that the opinions of great men have their power for evil as well as for good. I disagree entirely with the sentiments expressed in that paper as to the surgical use of bloodletting. I have practiced medicine for thirty-five years as a general practitioner, and have had my fair share of obstetrical practice, and I have never yet bled a woman in labor. I am glad to say, without any boasting, that I have never lost but two women from diseases consequent on or connected with the parturient state.

My distinguished friend in his paper said something to the effect that an eminent gynecologist should have been created at the same time with women, in order to repair lacerations of the cervix. I would suggest that if this theory is to be adopted, it might be better if every woman were born with a lancet around her neck to meet the difficulty of which Dr. Gross treats."

Dr. Seymour, of New York: "From the expressions we have heard, it seems to me that there must be differences in the disease in the localities in which the speakers practice. Certainly it is the experience of the older men in the section in which I live, men who used to operate with the lancet years ago, that the disease at the present time cannot stand it. The Vienna school has shown that these cases can be successfully treated without bleeding. I know of no school where they have so many puerperal women as they have there, or where anything like their statistics can be shown. I think, as shown in the Obstetrical Journal recently, that neither bleeding nor forced accouchement are necessary for that purpose."

Dr. Smith, of Washington: "An old friend sitting by my side remarked a little while ago, 'Dr. Gross' paper takes rank with Washington's farewell address.' I make this statement to show you that the old doctors still believe in bleeding, although the young ones do not believe in it quite so much."

Dr. Claiborne: "I suspect in this case that the truth lies, as it ordinarily lies, in the middle. There are some patients who should be bled, and some who should not. While I stood here yesterday, the advocate of chloroform, as I believe by the use of chloroform we can in a great many instances set aside venesection, yet I should be very sorry to throw the lancet utterly away. I am neither an old man nor a young man; I am in the middle, and therefore I claim to be nearer the truth than either. I have been engaged in the practice of medicine about thirty-two years, and most of the time in obstetrical practice in a city where I have had an opportunity of seeing a great many cases of obstetrics."

Dr. Reamy declared against the routine employment of venesection in the puerperal woman. Dr. Gross would bleed in a case of rigid os, or in one of nagging pains. He (Dr. R.), would give chloroform or a hypodermic of morphia, in such cases, and thus while accomplishing the purpose for which bleeding is advised, would also conserve the woman's strength against the time when she would require it. Referring to the abuse of the forceps as shown in the lacerations to which Dr. Gross referred, Dr. Reamy stated that lacerations from this cause are no longer as numerous as they were, and that the reason lay in the improvement of the instrument. If Dr. Gross' remarks on this point had been accompanied by an exhibition of the forceps of other days, their force would have been much abated, in so far as they applied to the present times.

Dr. Wm. T. Lusk, of New York, read a paper on SUDDEN DEATH IN LABOR AND CHILDBED. The writer reported an illustrative case, and referred to the meager literature of this subject. He then discussed the possible causes: First, the entrance of air into the uterine veins. The aspiration force of the vagina is greatest in the knee-chest, latero-prone, and lithotomy positions. The use of the vaginal douche is not free from danger, and its use had been forbidden in the public institutions under his charge. A second cause is that of thrombosis and embolism. Ordinarily, however, death from these causes is not instantaneous. Dr. Lusk doubted if suddenly formed cardiac thrombi ever occurred—at any rate, such a cause of death was not positively demonstrated. In some cases, like that reported by the author, there is no entrance of air or embolism. Dr. Lusk was inclined to attribute the cause in these cases to shock. He thought that the pathology in childbed cases was just the same as that elsewhere.

Dr. Brown, of Baltimore, read a paper entitled "Malformations of the female Sexual Organs." A sketch of the development of the uterus was given, and some cases of sexual malformation were reported. In one case the uterus and ovaries were absent, and the vagina was present. In a second case there was an infantile uterus with amenorrhœa. The condition was relieved by faradization. Cases of anteflexion as the result of defective development, were related.

Adjourned.

SECTION ON DISEASES OF CHILDREN.

MAY 6th.—*First Day.*

The Section was called to order by Dr. William Lee of Maryland.

The first paper was by Dr. Frank Woodbury, of Pennsylvania, the title of which was

THE SIGNIFICANCE OF BLOODY DISCHARGES FROM THE BOWELS IN CHILDREN. The occurrence of blood in the alvine dejections of a young child, whether existing in small amount or large enough to constitute actual hemorrhage is a symptom that excites alarm. This accident in childhood is generally regarded as of more serious import than in adults. Systematic writers on diseases of children make no reference to intestinal hemorrhage in children, or speak of it only incidentally. Like hæmatemesis, bleeding from the intestines is merely symptomatic. The term melæna was anciently used to indicate black discharges from the stomach or bowels, or both. This may be due to medicinal substances, as bismuth, as well as to the action of the intestinal fluids upon effused blood. Blood may appear in the discharges from a lesion in the stomach, œsophagus, or upper air passages, or even from without the body, being taken with the food, as a baby from nursing a bleeding nipple. The present consideration of the subject will be limited to bleeding from sources below the pylorus. The first question asked by the clinician is as to the site of the hemorrhage, the second is, what are its causes? Vascular piles were found by Allingham to be a cause in a boy three years old, who had bloody discharges from the rectum. Sedgwick calls attention to the existence of piles at an early age. Fissure of the rectum is given as a cause of a bloody discharge in a boy four and a half years of age. Prolapse of the retum is less frequently accompanied by hemorrhage in children than adults. The descent of the bowel is a secondary condition caused by weakness of the sphincter from a prolonged diarrhœa. Polypus of the rectum is more frequent in children than is generally supposed, and is usually accompanied by bleeding. Bryant says that in children this is the principal cause of hemorrhage from the rectum. These polypi may be mistaken for hemorrhoids, but the treatment is much the same. The usual site of the polypi is inside the internal sphincter, from two to six inches within the bowel. The pedicles may be several inches in length. Foreign bodies may cause ulceration and hemorrhage, such as pieces of bone, glass, etc., swallowed by the children; for substances may be introduced from without. Dysentery and entero-colitis, if of sufficient severity, will cause small quantities of blood to appear during the height of the inflammation. If ulcerations have occurred, large quantities will appear. A mass of worms may cause enough irritation to produce some bleeding. Intussusception of the bowel is accompanied by the passage of blood. A discussion of the treatment of intussusception was next given. Ulceration of the small intestines may be due to sloughing of necrosed follicles in simple catarrhal inflammation, or it may be tubercular in origin. Such a hemorrhage may simulate that from typhoid fever. Some of the causes of the hemorrhage are less localized. Thus congestion of the mucous membrane is quite common in young infants with inflammation. This congestion may be secondary to diseases of the other viscera, as the spleen or liver. In some cases of bleeding the pathological condition is not well understood. Melæna neonatorum was here referred to. In some cases purpura hemorrhagica is a cause of the bleeding. Blood sometimes appears in the discharges during the specific fevers. Attention has recently been directed to casos of visceral rheumatism in the adult. The doctor met a case last year in which a boy, eight years of age, during an attack of acute articular rheumatism, was seized with obstinate constipation and a discharge of blood from the bowel.

Dr. J. Lewis Smith stated that in this affection the pathological conditions were very different. Intussusception was a most important cause of a bloody discharge, unmixed with mucus, and it is vitally important that an early diagnosis be made. It occurs chiefly at the ileo-cæcal valve, causing the most intense passive congestion with oozing of blood. The intussusception may be in the large intestine alone. There is a little fecal matter passed, followed by dark-red blood. Tenesmus generally exists, which resembles dysentery, but no mucus is usually present. Purpura hemorrhagica is the next common cause, and the changes are apparently in the capillary walls and not in the blood, as well-nourished children are often affected. He had never seen hemorrhage from worms.

"DIPHTHERIA based upon analysis of 120 cases, with a mortality of seven," was the title of a paper by Dr. J. W. Brown, of New York. His cases extended over a period of fourteen months, and occurred in a country of wells and old-fashioned back-houses. The invasion was generally sudden, and in a few hours the fauces would be covered by a membrane. It was quite contagious and the doctor contracted it twice. In the seven fatal cases, three died from the disease and four from complications. The average was under sixteen years. The doctor regarded the disease as constitutional with a local lesion. The latter part must not be overlooked in treatment. He began treating his cases with calomel, five grains every three hours until the bowels freely moved. Salt pork was applied externally to the neck. He did not swab the throat but gently touched it with a solution of the persulphate of iron, ʒ j., to ʒ ss, of vinegar and glycerine. He never forcibly tore off the membrane. In the atomizer he used persulphate of iron, gr. x., to ʒ ss. of vinegar and glycerine. The spray should be thoroughly used. As a constitutional remedy he used a mixture containing tinct. ferri mur. and potas. chlorat. He also gave quin. sulph. and potas. chlorat., of each gr. iij. every four hours. Do not allow the patients to swallow the membrane, as it produces symptoms resembling arsenic poisoning. Give stimulants from the first and let in plenty of fresh air. He frequently purified the air by burning sulphur. He did not believe

in tracheotomy or lime-water. The cases had not been selected.

Dr. Samuel Smith said that follicular tonsillitis and pharyngitis often resembled diphtheria. He formerly believed the disease to be primarily constitutional, but after noticing very many cases in which vigorous local treatment conducted from the first seemed to check the advance of the disease, he had changed his mind. He gave no quinine, stimulants, nor beef-tea, but milk diet. tinc. ferri chlorid., and thorough local treatment.

Dr. A. Benrend noticed that when diphtheria began with hoarseness, nearly all the patients died.

Dr. Franklin had seen many cases in Ohio and used iron and quinine with gargles. He thought there was an element of rheumatism in many cases of diphtheria, and guiacum was here indicated. He does not loose five per cent. of his cases under this treatment.

Dr. J. Lewis Smith regarded the disease as primarily constitutional, or at any rate it became so almost immediately.

Dr. Busey, of Washington, recognized three forms of diphtheria, the simple, the more severe, but in which treatment is availing, and the malignant.

MAY 7TH,—*Second Day.*

It was moved and carried to continue yesterday's discussion on diphtheria.

Dr. J. Lewis Smith uses alcohol in large doses without any symptoms of intoxication. Although he uses iron and quinine he regards alcohol as the most important. He regards with distrust the so-called antiseptic method that uses germicides. The micrococci are as tenacious of life as the white blood-corpuscles. Some leading New York physicians are now looking with favor on the bichloride of mercury used in small doses, and he intends giving it a fair trial. Dr. Smith regards with suspicion statistics on diphtheria, as, like scarlatina, the type varies so much in different localities and years, although, considering the disease as constitutional, local treatment is very important to prevent septic absorption. When the nasal cavity is affected he uses a solution of ordinary salt and boric acid, a teaspoonful being injected every two hours.

Dr. Burroughs feared that injections might cause otitis media. He uses sulphur by insufflation with good results.

Dr. Free, of Pennsylvania, asked whether the chlorate of potash was not injurious in large doses. He has had two cases in which children with diphtheria got up fatal nephritis, caused probably by the continued use of large quantities of chlorate of potash. In the district where he practiced physicians considered they did well if they saved eight per cent. of their cases. He uses alcohol in large doses from the first, and insists on cleanliness being strictly observed. He uses a solution of lime-water and carbolic acid freely applied to the nose and throat by the hand atomizer. He omits quinine, as it disturbs the stomach, and he does not consider it a very powerful disinfectant. In his county there never has been a recovery from laryngeal diphtheria, and one peculiarity about the attacks of diphtheria is that in nearly all cases they are followed by paralysis. He gives rye whiskey, ʒ ss. to ʒ j., every two hours as long as the symptoms demand these large doses.

Dr. Hicks, of Virginia, looked upon laryngeal diphtheria as almost necessarily fatal. He had never seen but one case recover. He could not see how a catarrhal inflammation could ever degenerate into a diphtheritic. He also asked why physicians so universally use the chlorate of potash and tincture ferri muriate mixture, as he had nevar derived any particular benefit from the combination. He regareded chlorate of potash as objectionable from its action on the kidneys. He had come to the conclusion that in laryngeal diphtheria we can do nothing, and that simple cases often get well if left to themselves. He thought the important question to find out is, how the disease would behave if allowed to run its own course Physicians practising in hospitals had better opportunities to test this question than country practitioners. Pneumonia was formerly treated most vigorously and not left much to itself; now the mortality is less without so much medication. His plan of treatment consisted of much nourishment and the use of antiseptics. He found a weak solution of the hydrate of chloral to be a good antiseptic gargle.

Dr. Holton, of Vermont, firmly believed in the contagiousness of diphtheria. A country physician can often follow out the contagiousness of a disease better than one practicing in the city. He formerly believed the disease to be constitutional, but he now regards it as local, and hence he would emphasize the importance of local treatment. In a former epidemic in his county, among 113 cases there were 13 deaths, and of the latter, 2 were untreated, through the prejudice of parents, and 9 were under the care of homœpathic physicians; he therefore believed that good treatment was of great avail in this disease. He does not give quinine, on account of stomach irritation, but uses stimulants. A chlorine mixture is likewise employed.

Dr. Hicks thought there were circumstances in which diphtheria was contagious and others in which it was not. There must be favorable conditions for its development.

Dr. Park, of Pennsylvania, said that he practised in the coal regions, where he has lately had a number of cases of diphtheria. He considered the disease more local than constitutional. He had not seen many cases die except from laryngitis. He used a gargle of crystallized carbolic acid, tannic acid and and glycerin, and did not regard the disease as very contagious.

Dr. William Lee regarded the statistics presented in Dr. Brown's paper as marvelous and questioned the correctness of his diagnoses. There is no disease so difficult to diagnose as diphtheria. He quoted Henoch as saying that he never made a positive diagnosis on

his first visit. Catarrhal angina often simulates diphtheria. If the membrane can be removed without bleeding it is not diphtheria. In all the cases he has seen the membrane extended up back of the uvula. He believes the disease to be general, from poisoning by micrococci. He gives alcohol freely and resorcin internally, and locally a powder of resorcin and sulphur, which can be placed upon the child's tongue, and is readily swallowed. He regards mopping the throat in young children as highly dangerous, and likewise efforts to detach the membrane. He always considers diphtheria as contagious, and most cases he has treated began as a simple catarrhal angina.

Dr. Busey thought the diphtheritic poison was very apt to be engrafted upon a simple catarrhal inflammation.

Dr. S. Smith cited two cases that seemed to him to prove that diphtheria is primarily local. If he could not wash out the membrane without pain, it was probably diphtheritic. He uses a wash of borate of soda, which destroys bacteria.

Dr. Brown, in closing the discussion, said that the object of his paper was to show the benefit of the persulphate of iron in his cases. He thinks the vinegar assisted in dissolving the membrane, but the good hygienic surroundings of the country may have assisted him in obtaining such good results. The temperature curve was valueless as a diagnostic point in his cases. He had no experience with the bichloride of mercury.

Dr. M. P. Hatfield next read a paper on

Septic Jaundice in Childhood. This affection is very rare and is a symptom of diseased progress. It is a condition that should have careful study. The liver acts as a general depurating agent of the body, and hence its functions are very important. If this organ acted well, we might not have malarial trouble, septicæmia, etc.

Jaundice is sometimes considered hæmatogenous, but the writer thought this was not common, and particularly that it did not occur in infants. A case was here cited: Willie M——, aged four years, was taken suddenly with vomiting and a high fever; temperature 104°. Soon the rash of scarlatina developed. The disease was complicated by enterocolitis, which was relieved by treatment. The throat was extremely inflamed, exhaling a very offensive odor. On the next day, the third of the disease, the temperature went up, and jaundice appeared. The fever reached 105°. The child was weak and very drowsy. On the seventh day the jaundice was intense, all the secretions being stained, even the ear-wax and nasal mucus. The child was speechless, and the discharges passed involuntarily. The acid pack was used. Although the child was very low, he slowly recovered, and in one month the boy was discharged cured. No authors mention jaundice as a complication of scarlatina. The writer considers the jaundice in this case as due to septic influences. He can find nothing in literature resembling this case.

Dr. William Lee stated that he has had three cases of septic jaundice in children, all of whom kied. He confessed the subject was a very obscure one. His three cases died within a week of birth, and their mothers were all in delicate health.

Dr. Hatfield asked if there was umbilical inflammation in Dr. Lee's cases. Dr. Lee replied that none had been detected.

Adjourned.

May 8th—*Third Day.*

The first paper, on

The Feeding of School Children, by Dr. Louis Atlee, was, in his absence, read by Dr. Woodbury. The greatness of a State depends on the vigor of the people. The physicians are partially responsible for the health and strength of the people. We see too many pale, thin children, showing imperfect nourishment. Too often a light breakfast is taken, and then the brain is exercised all day. Lunch consists of cake or fruit, and the foundation is thus laid for future disease. Children are not so much over-educated as under-fed. The brain is kept stimulated by intellectual work, while the rest of the system suffers. This is a matter of great moment, and the object of the paper is to attract attention to the subject.

Dr. Burge, of New York, thought some children were over-fed, and that the paper was too general to be of practical importance.

Dr. Woodbury thought the great trouble was from *injudicious* feeding. Each age must have its appropriate food, and the rich often suffer as much as the poor in this respect.

Dr. Lee had often noticed, when a school commissioner, that children of the richer classes often brought a less substantial lunch than the poorer people. The trouble was not from excessive study, but from inferior food.

The next paper was by Dr. Reynolds, on

Enlarged Tonsils and how They Should be Treated.—Enlarged tonsils nearly always co-exist with chronic thickening of the nose and pharynx, and constitute a great source of anxiety. The tonsils are lymphatic glands, and their enlargement has the same significance as that occurring in other lymphatic glands of the body.

It is a part of a general lymphatic obstruction due to a state of prevented nutrition. We must not attack one lymphatic gland that is engorged with lymph. There is nothing to show that enlarged tonsils are due to inherited struma. Often children are taken to specialists, who cut or burn the tonsils, entirely ignoring constitutional treatment. In 9,012 persons he had examined with naso-pharyngeal trouble 8,062 had enlarged tonsils, and in 8,654 of the cases the patients lived largely on food containing artificially produced glucose that does not nourish well. In his region maple sugar and syrup were largely taken, and he found them to aggravate any engorgement of the lymphatic tracts. If oils, fats, and animal food were taken more by children, in-

stead of sweets and cooked fruits, which depreciate the system, enlarged tonsils would not be so frequen. Starvation is found to produce lymphatic engorgement. Many disasters, as impairment of voice, etc., follow cutting. Local treatment alone never can cure, but a combination of local and constitutional measures gives relief. Often it is only possible to produce an amelioration of symptoms. Frequent bathing, milk and animal food, and plenty of out-door exercise were recommended.

Dr. Chancellor, of Virginia, had seen in some cases a decided hereditary tendency to enlargement of tonsils. He did not believe in instrument interference. Treatment should be constitutional.

Dr. Reed, of Ohio, thought that general treatment was not sufficient to overcome enlargement, which predisposes to other throat diseases. Cutting might save years of trouble. Diphtheria tends to attack enlarged tonsils.

Dr. Daily, of Pennsylvania, said the best treatment was abscission of the tonsils. He can give assurance of relief if this operation is properly done. We must make as good a stump of a tonsil as we would of an arm or leg. If there is any ragged tissue trim it off, and if granulations afterward appear they must be snipped off. In two or three months after thus operating an expert cannot generally tell that an hypertrophy has existed. He never uses chloroform or ether.

Dr. Jones, of Illinois, thought that tonsils were often unnecessarily removed.

Dr. Jewett, of New York, does not remove tonsils now so freely as formerly. He only removes them when exceedingly large, as he has noticed that in girls at sixteen years and men at twenty-five years they generally grow smaller. He has never had success with topical treatment.

The next paper was on:

Incontinence of Urine in Children, by Dr. Samuel S. Adams, of the District of Columbia. He had examined all the literature of the subject, including articles in German, French, Italian, and Spanish, from the year 1784 to the present date. In 1784 Mitchel wrote as clearly on the disease as any subsequent author, and its pathology was as well understood then as now. From birth the instinctively voids its urine, as the act is reflex. About the eighteenth month the child begins to exercise complete control over the sphincter, after this time incontinence is attributed more to carelessness than to a pathological condition. This he considers a great injustice, particularly as children are often punished. All of his cases have had a specific cause. There are three varieties of incontinence. 1. Where there is a constant dribbling, this is not frequent, Two such cases he had seen were due to vesical calculi. 2. Intermittent incontinence, often met with in girls. They lose control of the sphincter before getting to the closet. 3. Nocturnal incontinence. The same causes that produce seminal emissions in adults bring on this condition in children. Enuresis is often superseded by seminal emissions, and the same remedies often relieve both conditions. It is a conservative process following undue irritation, occurs most frequently between eight and twelve years. Cases were then cited in which the causes were phimosis, calculi, ascarides in the rectum and vagina, hip disease, and amorous dreams. He does not approve of chloral for children. In exalted nervous conditions the bromides are to be given, belladonna is the best to allay irritability and relax spasm. Circumcision is often necessary.

Dr. Reed mentioned a number of cases in which the incontinence was due to a want of tonicity of the bladder with partial retention of urine. Here strychnine is of benefit.

The last paper of the Section was on:

The Treatment of the Malignant Forms of Scarlet Fever, by Dr. Bedford Brown, of Virginia. The marked features of malignancy were very high temperature, extensive prostration, defective renal action, a greatly weakened heart, feeble pulse, frequent pulse, frequent vomiting, and a total suspension of the digestive functions. Can the type be modified by treatment? His plan of treatment was sedative and eliminative. The action of the skin and kidneys must be freely kept up to eliminate the poison while the system must be energetically supported.

Adjourned.

Dr. Luigi G. Doane, of New York city, thus addresses "An Old Practitioner": "From your articles in The Medical Age I am led to believe that you are a man of sound common sense and medical skill. I should, therefore, like to read an article from your pen upon the following cognate subjects: Adherent Placenta and its correct treatment; and a description of Crede's method and its advantages. I should like to know also, whether it is advisable to remove the placenta shortly after the birth of the child, or to follow the views of some medical men here in New York, who allow it to remain until it becomes partially decomposed, say for 24 hours, before it is removed, thus preventing (so it is claimed) inversion and the opening of sinuses—accidents which are liable to ensue on its forcible removal? You will confer a favor if you will write up these subjects for The Medical Age, for I believe your common-sense remarks will do a great good all over the country."

Practical Manual of Obstetrics By Dr. E. Verrier, lecturer on Obstetrics in the Faculty of Medicine of Paris. Fourth edition, enlarged and revised, with four obstetrical tables, by Professor Pajot. One hundred and five illustrations. First American edition, with Revision and Annotations, by Edward L. Partridge, M. D., Professor of Obstetrics in the New York Post-graduate School.

Hooper's Vade Mecum. A Manual of the Principles and Practice of Physic, with an Outline of General Pathology, Therapeutics, and Hygiene. Revised by William Augustus Guy, M. B. Cantab. F. R. S., Fellow of the Royal College of Physicians; late Professor of Forensic Medicine and Hygiene, King's College, London: Consulting Physician to King's College Hospital, etc., etc., and John Hardy, M. D.,

London, F. L. S., F. R. C. S., Honorary Fellow of King's College, and late Physician to the London Fever Hospital, Lecturer on General Anatomy and Physiology at, and Physician to, St. Thomas's Hospital, Vol. I.

The two volumes, the title pages of which are above reproduced, are, respectively, the April and May numbers of Wood's Library of Standard Medical Authors for 1884. In the preface to the volume on Obstetrics, the writer (Professor Pajot) says: "If ever a methodical and exact resumé of any branch of medicine is of practical utility, alike for physician and student, obstetrics is the branch that pre-eminently demonstrates such utility." This is a sentiment which few will hesitate to endorse. Definite knowledge as a basis for decisive procedure is no where more urgently necessary than in the accidents and abnormal occurrences of the lying-in room. There is no time for dallying there; no time for the consultation of the library; the accoucheur must be a man of resources and versed in precedents. The book before us furnishes him with the latter, and is altogether a readable and instructive volume. It is intermediate between the student's manual and the exhaustive treatises, and is replete with hints of a practical nature, and suggestive thoughts. The translator has given us a faithful translation, in which he has preserved to an admirable degree the piquancy of style of the French scholars, the authors.

Hooper's Physician's Vade Mecum has reached its tenth edition, and now comes to us thoroughly revised by two of the most competent physicians of the English school. The book, an new edition of which is demanded at the end of a run of sixty years (Dr. Hooper's original work appeared in 1823), must have in it more than the average merit, and challenges a careful scrutiny. We found Williams' Principles of Medicine, in our undergraduate years, to be a work for which no other book would serve as a substitute, and we have regarded its going out of print as not only unfortunate for the student of the past decade, but as an unwise piece of business on the part of the publisher. An examination of the edition of Hooper before us, however, shows the want to be more than supplied, for, while containing all that was of value in our old-time favorite, it has supplemented it by such additions as were necessary to bring the book fully abreast of the times. No physician can study Hooper's Vade Mecum without becoming a broader practitioner and receiving a more comprehensive view of disease, it causes, nature and treatment.

THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF DISEASES OF RECTUM AND ANUS. By Charles B. Kelsey, M. D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, Consulting Surgeon for Diseases of the Rectum to the Harlem Hospital and Dispensary for Women and Children, etc. With two chromo-lithographs and nearly one hundred illustrations.

New York: William Wood & Co.
Detroit: John MacFarlane.

This book has already appeared, as a volume of Wood's Library of Standard Medical Authors, and the favorable notice which it received in that connection will cause those who are not subscribers to the library to felicitate themselves that the publishers have seen fit to publish the book separately. Dr. Kelsey has made some additions in this edition, among which is an entire chapter on the subject of Rectal Hernia, while all the subjects treated of in the first edition have received such additional consideration as has been necessary to bring them fully abreast of the times and the author's more enlarged experience. It is safe to say that there is no work on this subject that equals it in practical value.

Theory of the Etiology of Intermittent Fever, with Suggestions for its Prophylaxis.

BY J. HOKE, M. D., CORDOVA, ILL.

Intermittent and remittent fevers are so generally prevalent in certain localities, and at stated seasons of the year, in both the tropic and temperate zones of the earth, that I cannot but regard it as a peculiar circumstance, that we, who have had the detailed observations of the best minds of the civilized world for centuries, are still unable to point to the cause of these fevers, with any more definiteness than they did in former times. While volumes have been written on the theory of miasma or malaria, and on the micro-organism, the cryptogamous, and zymotic theories, we are still in the dark as to the real cause of these fevers. So that there is the same pertinence in asking the question which I shall ask in this paper to-day, as there was a century ago, viz: What is the cause of intermittent and remittent fevers? This question has been often asked, and many times answered, but never so as to settle it satisfactorily to the inquiring mind. Before we are justified in accepting any given agency as the cause of these fevers, we must be able, from it, to explain how and why it causes the paroxysms of congestion which obtain, and why they recur at regular intervals; in other words it must explain the periodicity of the disease.

Fifty, or even a hundred years ago, koino or marsh miasma, was almost universally accepted as the cause of the fevers in question. Then it was considered certain, that decaying vegetable and animal substances, gave rise to these aerial contaminations. A little later, Prof. Daniell, of London, made a chemical analysis of marsh-mud, and in it found sulphuretted hydrogen gas, and was quite certain that this was the poison which caused the mischief. This theory, however, was not long afterwards proven to be untenable, for persons exposed to air which contained a limited amount of it never had ague. But everyone still believed that marsh-poison was the cause, notwithstanding chemical analysis failed to throw any light on the matter.

We know the composition of atmospheric air, and can easily detect an increase or diminution of its component parts. We can even know the relative magnetic state of the several gases which enter into

its composition; yet marsh-poison, or malaria, has never been isolated nor identified. Can it be possible that there is such a thing, and we remain wholly unable to detect the least trace of its existence, notwithstanding the great progress that has been made in chemical science?

In the year 1866, Prof. J. H. Salisbury, of Cleveland, Ohio, published the result of his very careful researches and investigations, of the emanations from marshes and marshy localities. He found certain spores, or low vegetable organisms, which he named palmella. These were invariably found in the secretions of persons sick with ague or bilious fever. The doctor's discoveries attracted wide attention at the time, but they failed of a satisfactory solution of the question. It is still, with few exceptions, claimed that malaria or bad air is the cause of these fevers, without a particle of evidence that the air is bad.

Quite recently Klebs, Crudelli, and many others who have been trying to find the cause of the bad air, have claimed to have found it. This time it proves, according to them, to be a "bacillus malariæ." The bacillus is what? If we are to believe Koch's theory of the ravages of these stick- or rod-like organisms, they are the great enemy of man, and may cause his final extinction in the near future. But are not some of these microscopic discoveries, or supposed discoveries, really passing the boundaries of science and philosophy?

Thus far the literature of the cause of ague and bilious fever has not produced any evidence, which is based on facts, of the existence of bad air as a cause of the fevers in question. All that has hitherto been thought to sustain this idea, is but the merest hypothesis, which has no foundation of any known fact, to rest upon. This question should not be left in this hypothetical state, since we all hope that the time is not distant when prophylaxis will take the place of cure. But how can we prevent the mischief of an enemy of whom we know absolutely nothing, but who is abroad like some evil genius, seeking victims to immolate? I cannot believe that such an enemy is lurking in the ocean of vital fluid, without which we could not exist. No, I much prefer to name this "bonaria," instead of "malaria."

I will here for a few moments consider the relation of organic beings to inorganic matter, a correct understanding of which will enable us to solve many of the supposed mysteries of organic life. We have no evidence of the existence of anything in the wide universe besides matter and its attributes. The human mind (or for that matter, all mind), is so constituted that it can only perceive that which is capable of making an impression upon the senses or upon the mind. Electricity, magnetism, animal magnetism, odyle and even thought, are material, and are governed by the laws of matter. There is not an atom of matter in existence that is not magnetic. Hence, as other matter with which this is associated progresses, this must also progress and refine. It is now admitted by all advanced thinkers that inertia is not a property of matter. All matter is in motion, and always has been. The idea of the existence of a force separate from matter has no foundation in any known fact. We know of force only by seeing matter in motion, exhibiting force because in motion, and all self-motion is necessarily living motion. From this it follows that all matter is living, and with suitable conditions will pass into organic forms. Evolution and differentiation cause the existing diversification. The proof is in the fact that all matter is composed of a few elementary substances, not exceeding sixty-three or four, and all of these are known to be allotropic; that is, they change their properties and pass from state to state; or, in other words, they progress and refine by virtue of their own motion. But in all these changes matter never loses its elementary character.

Now, as life is one of the attributes of all matter, it follows that organic matter is simply cosmic matter organized, and their relation does not cease, but is only modified to a limited extent, and whatever has an influence upon inorganic must necessarily also have a similar influence upon organic matter. In other words, we are part of universal nature, and our relation to it must forever remain, whatever changes may await us. I deemed this explanation of our relation to our surroundings necessary, for the meteorological influences to which we are constantly exposed are, I think, too often not sufficiently considered, notwithstanding they are often the prime factors in the causation of disease.

Now, in all paludal localities, where intermittent and remittent fevers prevail, the temperature will be found during the sickly season, which usually begins in July and ends in October, to vary on an average about thirty-five degrees Fahrenheit in the twenty-four hours; while in more elevated places, where these fevers do not prevail, the variation is only from fifteen to twenty in the same time. The hygrometer will also show that the atmosphere near the surface of the earth contains about double the quantity of water that it does in higher localities. The difference in the diurnal temperature of the two localities, no doubt, results from the difference of the radiation of heat. The wet, marshy district receives the same amount of heat through the day, but will part with much more through the night, because the watery vapor aids the radiation of heat; hence the cold near the surface of the earth, in such localities in the night. The high temperature during the day, in connection with the wet soil, also favors the growth of luxuriant vegetation, and this, together with the moisture in the atmosphere and soil, again favors the abstraction of the magnetism from the air near the surface, which leaves it in a permanently negative state. This is a well-known fact, and has been demonstrated by Humboldt and other scientists. In addition to these constantly acting causes, we have north and south magnetic currents, through and over the earth, which vary in intensity in different localities, and

these variations seem not to be governed by any known fixed laws; that is, we do not know where the line of greatest, or least intensity will be, at any given time or place. But it will be seen, that if the line of least intensity should co-incide with the already negative state of the atmosphere, in these paludal localities, the consequence would be an extreme want of magnetic tension.

Now, the effect that such surroundings must have upon persons subjected to their influences, always bearing in mind the relation we sustain to nature, is this: a magnetically negative state of the atmosphere, will cause a depression of nerve power, because the means necessary for efficient innervation are wanting. There is no variation in the proportion of oxygen in the atmosphere of paludal districts, but it is magnetically negative, and for this reason fails to maintain the normal activity of nerve power. We, no doubt, receive magnetism into our systems in other ways, than by the oxygen we inhale, but if there is an absolute deficiency of it in our surroundings, it cannot be supplied by any means. This depression of nerve-power is especially manifest in the vaso-motor nerves. These fail to maintain a balance between the afferent and efferent vessels. The blood during the cold nights leaves the surface, and accumulates in the internal regions, which become congested, and the product of the change of matter within the system, is retained to an abnormal extent, which the efferent movement through the day fails to eliminate. In consequence the blood, and, indeed, all the secretions, become gradually poisoned, not by malaria, but by the retained waste matter. This blood-poisoning continues, and the congestion will daily increase. The urine is scantily secreted, the surface becomes cold, chills, often with violent shaking set in, with a lowering of the vital resistance, until finally the reserve forces of the system make a successful effort at resistance, and reaction comes on with a burning fever as the result. This reaction sends the temperature up above normal, and literally consumes the poisonous matter, or burns its way to the surface, when the efferent vessels will eliminate the resulting product and a balance is again temporarily restored. But the system is left with a permanently lowered resisting power, and if unsupported by efficient means, the same phenomena will recur within the next twenty-four hours. This tendency to periodicity is, *ab initio*, caused by the diurnal rise and fall of the atmospheric temperature, which causes alternate congestions and relaxations, which finally result in the morbid phenomena above described.

It is a fact that in the beginning of the sickly season the quotidian is always the prevailing type of intermittent fevers. Later in the season tertian and quartans may come in. That the daily rise and fall of the extremes of temperature is the cause of the periodicity of these fevers, is further corroborated by the fact that the paroxysms of the quotidians nearly always come on in the morning, when the atmospheric temperature is the lowest and the depression greatest.

In remittent fevers the same general, and to a certain extent, special symptoms obtain, but the paroxysms are less pronounced. The fever runs a course more nearly resembling the continued fevers, which is no doubt due to a more profound blood-poisoning, which depresses the nerve power to a greater extent, and, of course, requires a longer time to overcome its influence, and to re-establish an equilibrium in the system. But here again the remission always occurs in the morning, corresponding with the daily alternations of the temperature.

Now, if the views above outlined are correct, that the fevers in question are caused by the great diurnal variations of the temperature, in connection with a magnetically negative state of the atmosphere in paludal localities, we would naturally expect that by using such hygienic means as will protect the system against these influences, we would very much lessen the prevalence of these fevers. And this proves to be a fact. If persons in paludal districts will wear wool or silk next to the body, both of which are non-conductors of heat and magnetism, and will habitually sleep on and under blankets, with out-side windows and doors closed at night, if the bedroom is on the ground floor, they will find these precautions a very great protection against these fevers. Experiments have demonstrated this fact. When these fevers prevail epidemically in localities where they usually are found only endemically, and where no typographical change has been made in the locality, it will always be found that the real cause of the epidemic is an extremely magnetically negative state of the atmospaere. Yellow fever, cholera, and malignant typhus, or plague, are all congestive diseases, and could not occur, if there was not a depression of nerve power. When these diseases prevail epidemically, the fatality of the epidemic may be measured with the magnetometer, for there is no fact in organic existence more certain, than that magnetism is the source from whence comes innervation, or nerve power. I know it may be said that nerve power is supplied by nutrition, which is true, of course, but if the atoms of which the nutritive material is composed, were wholly non-magnetic, (which is, however, not supposable) it would not serve as nutrition.

The action of sulphate of quinine upon the system also corroborates the above views of the cause of these fevers, for it is emphatically a nerve tonic, *sui generis*, for in moderate doses, regularly repeated, it sustains the nervous system, and gradually brings it up into normal balance. It is in this way that it effects a cure in these fevers. Whenever innervation is languishing, it supplies the elements necessary to sustain it, until nutrition can accomplish that object again; or, in other words, in morbid states of the system, it sustains it by supplying nerve power, much as nutrition does in health. It differs widely in its action from ordinary tonics and stimulants. It

lowers the temperature and lessens the frequency of the pulse in fevers, and for this reason it has a much wider range of applicability than tonics and stimulants. It is, indeed, indicated whenever the nerve energy is below normal, irrespective of the cause of such depression. I know of no exception to this rule. I do not mean that it supplies all that is necessary in such states of the system, but it is always an aid to whatever other means are used.

Placenta Prævia—A New Method of Preventing Hemorrhage Therefrom.*

BY R. C. HUTTON, M. D., DETROIT, MICH.

Science can never regulate the intra-uterine migrations, nor avert the casual abnormal implantations of the impregnated ovum, although it is to its irregular and inexplicable fixation that placenta prævia is due. The mal-position of the ovum affords no indication to the patient of its existence, neither to the physician, except through the medium of auscultation, is there any sign, in the early stages of uterine gestation, at least, by which the abnormality can be detected. And even were its diagnosis possible it would avail nothing towards its prophylaxis; our efforts therfore can be effectual only in the direction of measures for the amelioration and possible aversion of its naturally calamitous termination.

Hitherto neither the philosophy of the teachers, nor the light of experience has relieved the traditional dread that invests the accouchement complicated with placenta prævia. Nægele says, "there is no error in nature to be compared to this, for the very action which the mother uses to bring the child into the world is that by which she destroys both it and herself. Sudden and generally alarming hemorrhage, a few weeks before or at full term of gestation, is about the only pathognomonic sign of its existence." Dr. H. Tyler Smith says, "the discharge commonly takes place suddenly, without pain, and ceases after awhile, or the drain may continue for a considerable time. The nearer the patient is to full term, the more violent is the loss of blood. The gush may take place after some exertion, or when the patient is following her usual avocations, or when she is asleep. The loss is sometimes so sudden and enormous, that the woman is dead befor the medical attendant can be summoned."

A case coming under my care, a few months ago, was the occasion of a revelation, to me, of a new method of suppressing hemorrhage in placenta prævia. At two o'clock A. M., of the eleventh of October, 1883, a messenger, the husband of the patient, with a face expressive of great alarm and distress, in broken and almost breathless speech, said, "Doctor, I want you to come to my house as quick as you possibly can, my wife has just woke up from sleep, flowing terribly. Come along with me just as quick as you possibly can; I am afraid she will die before we can get there." He explained that his wife was pregnant, but did not expect to be confined for four or five weeks yet. The diagnosis was immediately settled in my mind. It was not a time to stand on the order of going, and I went at once. Arriving at the bedside of the patient, I found her very pale, with a feeble and frequent pulse. She was of American birth, age about thirty-five, of nervous temperament, vivacious and hopeful. This was her fourth pregnancy. A cursory inspection of the bed showed that she had lost a great deal of blood. Digital examination per vaginam discovered the os uteri dilated about half an inch, but quite rigid. Marginal attachment of the placenta, vertex presentation and membranes intact, were diagnosed. Considerable loss of blood occurred while making the examination, but it presently ceased.

Concluding to employ an aggressive as well as a defensive treatment, so soon as circumstances indicated the best mode of procedure, I determined, notwithstanding the undilated and apparently undilatable condition of the os, to administer ergot as an oxytocic, and accordingly gave a drachm of the fluid extract.

While directing the details of some general arrangements, and some twenty or thirty minutes after my arrival, another gush of blood occurred. During this the patient exclaimed, "I am dying," and immediately nearly fainted. The indications plainly were, that interference could no longer be delayed; the situation was already alarming. I ordered stimulants given and the foot of the bed elevated. Dilatation of the os by force, turning and speedy delivery, or the temporizing, and, to my mind, unscientific, tampon, were the only alternatives recognized by the authorities. I was averse to both of these, although it was clear to my mind that something would have to be done immediately, for if another considerable hemorrhage should occur, the scene would close with the death of my patient.

At this juncture the thought flashed into my mind that if I could keep the uterus firmly and continuously engaged in the brim of the pelvis, by pressure over the fundus and by counter-pressure against the margins of the os, I could control the loss of blood. Therefore, with the fingers of my right hand against the margin of the os, and my left hand and forearm embracing the fundus, I commenced to "hold the fort;" and, as I was without competent assistance, and my new theory had not yet been put to the test, I sent for my friend and neighbor, Dr. W. H. Poole. While the messenger was absent, I directed an attendant to administer milk punch and another teaspoonful of fluid extract of ergot. The milk and whiskey seemed to have the desired effect of reviving the patient. She rallied well, and labor pains soon grew strong. After a time I succeeded in rupturing the membranes with my finger nail

*A paper read before the Detroit Medical and Library Association.

the rupture was followed by a slight discharge of amniotic fluid.

No hemorrhage occurred after the pressure was applied to the fundus, and it was maintained continuously, either by myself or an attendant, the patient bearing it without complaint or inconvenience.

My interest in observing the progress of labor in this case was quite unusual. The combined influ- of ergot and the expressive massage did not unduly augment the uterine action. I soon discovered that pressure against the margins of the os was quite unnecessary, and, in lieu thereof, I used my best endeavors in aiding its dilatation with my fingers. When Dr. Poole arrived, labor was progressing after the most approved manner, and from this time forward was entirely uneventful, save that it was somewhat tardy, because of the unyielding condition of the os in the early stages. The child was born alive but not lively, about five o'clock the same morning. Pressure was continued over the uterus until after the secundines were expelled, and a well-fitting bandage was applied.

The child survived only about one hour. The mother made a speedy and perfect recovery, and is enjoying most excellent health at the present time.

Rationale.—I am not unmindful that theories are sometimes delusive, but a careful study of the physiological phenomena of parturition leads me to believe that when rightly apprehended they will afford the explanation to the successful means of controlling hemorrhage in almost, and possibly all, cases of placenta prævia, occurring at or near the full term of gestation, which is the time of greatest danger. The questions principally involved in my theory of the control of hemorrhage in placenta prævia, have reference to the antagonizing forces hindering the dilatation of the os-uteri when labor is, or should be commenced, and the *modus operandi* of overcoming the same.

The inception of parturition would seem to be always more or less of the nature of a surprise to the uterns, disturbing the apparent security gained by months of elaborate strengthening of its cervical walls for the support and protecting its accumulating treasure. But, like all other functions of the body, that of parturition is usually performed by nature's ordained method, without the accoucheur's aid and in defiance of all antagonizing forces. The stubborn resistance to the expulsion of the contents of the uterus, observed by all practitioners of midwifery, in the early stages of labor, is frequently little less than phenomenal. Were it not for the rebellious muscular tissues investing the cervix uteri, labor would be discounted of the pain, agony and dread which it occasions in the woman, to say nothing of the vast gain of time, in the aggregate, to the accoucheur, the importance of which needs no mention.

Synchronous with each systole in labor, there is a descending movement of the uterus, bringing and maintaining it, during the pain, in contact with the maternal pelvis. This is followed by a resilient movement, synchronous with the uterine diastole. The resilience is not merely the measure of resistance of the cervical and other muscular tissues, effected by the systole, but is also the gauge of the diastole, and the dual phenomena, though only possibly a source of delay and suffering to the patient in labor, with normal attachments of the placenta, *if not restrained or counteracted become the agencies of fatality in placenta prævia.* This is because the blood escapes from the torn vessels, due to contraction of the uterus in that portion to which the placenta is attached, only when that contraction ceases. Dr. Charpenter, in the Archives de Tocologie, 1875, says, "The hemorrhage in placenta prævia takes place during the diastole, but is expelled during the systole, *and if the latter were continuous it could hardly take place at all.*" I italicize the last words of this quotation, because it is the lock into which my key fits.

Resilience is overcome, the diastole counteracted, and continuous systole simulated, by the application of supra-fundal pressure. The force should be sufficient to maintain the cervical portion of the uterus in continuous contact with the superior strait of the maternal pelvis. This, incidentally, is important, as an external compress around the cervix; but the more important effect of the pressure from above, is to force the contents of the uterus into its cervical and dependent portion. The brim of the pelvis being a fixed external resistance, impinging at a point corresponding with the plane of the internal os, would make farther descent of the uterus impossible. Hence, in obedience to dynamic laws, compression of the fundus must cause a corresponding expression of the cervix and os. The logical effect of such change of force would be to facilitate the speedy expulsion of the uterine contents.

The advantages of a persistent expanding force, for the dilatation of the natural canals and passages of the soft parts of the body, are well understood. How quickly, for instance, are the sphincter muscles overcome by the application of unintermitting opposing force. So, also, supra-pressure of the uterus, when persistent, forces the contents to perform their exclusive agency in the parturient mechanism, namely, the expansion of the passage for their escape. Sometimes in placenta prævia the contractions of the uterine and abdominal muscles are so powerful as quickly to engage, unaided, the presenting parts in the passage, whereby they speedily dilate the os and also thereby act as a tourniquet, closing the open mouth of the bleeding vessels and so controlling the hemorrhage.

In conclusion: the efficacy of the method which I submit for the control of hemorrhage in placenta prævia, rests on the possibility and safety of applying sufficient supra-pressure to the fundus to cause the more dependent contents of the uterus to compress the mouths of torn utero-placental vessels, to

the extent of preventing the escape of blood. The tourniquet controls the current of blood in the large arteries, not excepting the abdominal aorta. To me the method which I have suggested for controlling the hemorrhage of placenta prævia, seems scarcely less reasonable than the application of the tourniquet, while my single, apparently fair, test case strengthens the conviction that it is practicable. It certainly looks feasible, being in harmony with the laws and natural forces controlling the mechanism of parturition. Placenta prævia is abnormal, and nature unaided by the accoucheur's skill is unable to tide over the breakers. It devolves on us in the perilous emergency, to so direct the natural forces that they shall bear the frail bark past the shoals and rocks and into the quiet haven. For this are we doctors.

Retained Placenta Again—A Reply to Dr. Wessinger.

BY A. G. YOUNG, M. D., FT. FAIRFIELD, MAINE.

In accordance with your wish I had already read "A Case of Retained Placenta," by Dr. Burchard, and I had also read two cases in the MEDICAL AGE of Feb. 25, which were reported by Dr. Johnson. These cases and numberless similar ones which the profession might report, are simply so much negative evidence of the safety or danger of leaving the placenta unremoved, and can prove only what I admitted in my former article, that, "in many cases of premature delivery and abortion, and probably in the majority, nature would take of the secundines, so that no serious results would follow the neglect to remove them." Such cases, however, as the one which I briefly referred to, are positive testimony to the danger of leaving the placenta within the womb. Many other such cases of positive testimony might undoubtedly be reported, but there is no glory in reporting such cases in one's own practice. I acknowledge that my treatment of that one unfortunate case deserves, in common with that of yours, in these recent years, all the strictures that may be thrown upon it, but your two cases were apparently treated in these later years in the full light of a "definite mode of procedure," which in the practice of many physicians in a large number of cases, has yielded excellent results as compared with those of expectancy. The treatment of yours was of the same piece as that of mine, viz., expectancy slightly reinforced with ergot, etc. Mine died and yours happened to recover. In your case, knowing the placenta had not come away, you deliberately left your patients exposed to dangers far greater than those pertaining to its removal. In my case this was not all true. Mine was reported as a case of culpable inactivity, thus choosing to immolate myself that thereby others might read a lesson. On you, however, its hoped for proselyting mission has apparently failed. So this time, without quoting Bedford, Leishman or even St. Paul, let us reason a little together.

Let me suppose that the case of yours in which you let the placenta remain twelve days, and made no attempt to remove it, had not done so well. We will assume (for the history of these cases makes it a very reasonable assumption), that severe flooding had occurred some time during these twelve critical days. We will further suppose that it took place in your absence, and was so profuse that upon your return you had found the patient almost pulseless, fainting—in short, near death's door. If this is an extreme case it is not an impossible one, for these circumstances and conditions went to make up the earlier history of that case of mine. You said "the exact course to pursue did not present itself satisfactorily to me." Would it now have presented itself, and, if it had, would it have been satisfactory to you? I think that you would have believed it very desirable to have the womb emptied; but if you shrank from doing what I believe was your duty, when it probably could quickly, easily and safely have been done, would you not now shrink when any operative interference might quickly make the wrong end of the scale kick the beam?

But we will assume that the flooding is not quite so severe, so that you might decide to do something. Then you discover, upon examination, that the cervical canal is impervious to finger or instruments, all the more likely to be so from the ergot which you gave. And by the way, I am far from being alone now-a-days in rarely if ever departing from the rule to not give ergot, either in mature or premature delivery, until the womb is empty. Finding the placenta locked in you perhaps decide to waste still more time with the tampon, and increase one danger while hoping to obviate another. Or you chose to dilate the cervical canal with sponge tents or otherwise, and then remove the secundines. But why not have done this latter earlier, before the patient was half dead, when it could have been done with so much less danger to your patient, and could have saved you and your patient and her friends, days of wearing anxiety? No wonder "the husband was anxious about the removal of the placenta," and the solicitude which the wife sees in his face does not make her life-chance any better.

Or perhaps "the exact course to pursue" at this stage has not yet occurred to you, or it may have presented itself in the form of that "fiat" with which you decide to not interfere. Or in other words, you conclude to wait a few days either so that your patient may recuperate a little, or else just to see what may happen. Several things may happen, some desirable, and others very much the reverse. One thing that there is danger of, is septicæmia. If it occurs you would use disinfectants per vaginam, or which would be the right thing and the only right thing to do, you might remove the placenta. Another thing that may happen, perhaps without preceding hæmorrhage, perhaps without perceptible fetor, possibly with no symptom to warn you, is that chill of pyæmia, which sends a chill through the physician who sees and comprehends. Then your patient is "as good as dead," or bearing the forlorn hope that the pyæmic abscesses in distant organs may be slight, your duty now would be to empty the womb.

We will make only one more supposition: That none of these extreme contingencies have occurred, and that only very moderate flowing has supervened, ceasing when the patient is on her back, coming on when she leaves her bed, dragging on days or weeks, not profuse enough to make "the exact course to pursue present itself," bearing always the possibilities of terrible calamities, escaping them all, but not escaping considerable exsanguination and that condition of subinvolution which so frequently follows. Such cases in the practice of us general practitioners, make work for the gynæcologist, and make the term "neglected abortion," too often a merited reproach.

Pardon me if I descend to a brief parody. Reasoning from analogy it is reasonable to believe that the ante-Chamberlenians were in labor occasionally, and that they had no forceps, but came out all right (sometimes). Yet I have read somewhere, if I remember rightly, that one death occurred in every 70 confinements, whereas now, only one in 240 is lost. So we modern obstetricians seeing the frequent insufficiency of the natural powers, sometimes with sacreligious forceps or curette interfere with that "fiat."

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The Significance of Fibrinous Exudates in the Throat.—While it is pretty generally conceded by educated physicians that not every case presenting an exudate on the tonsils, or, indeed, on the mucous covering of any portion of the upper air-passages, is one of diphtheria, it is an undeniable fact that the signs which are relied on for a differential diagnosis are neither as numerous nor as distinct as would seem desirable. While the consensus of medical opinion fixes diphtheria as a distinctive disease, the result of a specific cause, it cannot be successfully denied that there are gradations in its severity, and that the line of demarcation between a mild case of diphtheria and a severe case of non-specific, so-called, catarrhal inflammation, is difficult to determine. While there may be (and it is generally conceded there is) a membrane which is distinctly diphtheritic, it is none the less true that a membrane simulating it so closely as to make the distinction difficult, may develop on an inflammation of a high degree of severity, occurring spontaneously or produced artificially. These facts make an unusually careful examination so necessary to a differential diagnosis, that it would be strange, indeed, were no mistakes to occur in the pressure of engagements of the busy practitioner. But there are other causes which contribute to erroneous diagnoses, or, at least, to erroneous returns. While the typical physician is honest, to both his own conscience and his patient's interests, industrious, and guilty of no mental obliquity, there are some engaged in the practice of medicine who do not fulfil the ideal. Some, from sinister motive, pronounce every case which presents the least cognizable sign of an exudate, one of diphtheria; some are mentally indolent, and find it more convenient to pronounce the case diphtheria than to make that careful examination which is essential to a scientific opinion; some are honest, but incompetent, and their doubts becoming the more perplexing with the increasing carefulness of their examination, they give the public the benefit of these doubts, by pronouncing the case one of diphtheria and instituting a careful quarantine; and, finally, there are some of another type of mind from all these, who, either of optimistic frame of mind, close their eyes to danger, or who, having preconceived opinions touching a particular endemic or epidemic, wilfully and obstinately refuse to concede any case to be diphtheria which does not present the typical and most clearly defined features. The operation of these various causes proceeding from the practitioner, do very much both to vitiate statistics, and, probably, to increase the rate of mortality. There is reason to believe that they have been operative in this city during the past few years, although the perversity which prevents the report of true cases, largely offsetting the frequent reports of pseudo cases, has, doubtless, had much to do in preserving the ratio between the mortality and the actual number of cases reported. From a report kindly furnished us by Dr. Wight, our Health Officer, we learn that 346 of the 1,369 cases of diphtheria reported to him during the last twelve months proved fatal—a mortality of 25 + per cent.

As germane to the above thoughts, and helpful to those who would be helped, we reproduce the conclusions of a paper read by Professor Francke H. Bosworth, M. D., before the late meeting of the American Laryngological Association:

1. A fibrinous exudation which occurs in the crypts of the follicles of the faucial or pharyngeal

tonsil, or of the mucous membrane of the lower pharynx, has no tendency to extend, and characterizes a disease which is self-limited, and which involves no dangerous tendencies.

2. A fibrinous exudation which occurs upon the surface of the tonsil or of the mucous membrane of the fauces, constituting a croupous membrane, so called, presents gross oppearances by which it can be unmistakably recognized. It is easily detected, and can be peeled off from the parts beneath without lacerating the tissues. It is a white, clean, healthy-looking membrane, and presents every aspect of a living tissue.

3. A croupous membrane in the fauces of an adult marks the existence of a disease, which, while being undoubtedly a blood poison, is still a self-limited affection, and one which involves no danger to life.

4. A croupous membrane forming in the fauces of a child marks the occurrence of the same disease a croupous membrane in the adult; but in the child there is the additional danger of a new center of development occurring in the larynx, where it may involve the greatest danger to life, but mainly as a mechanical obstruction to breathing.

5. A diphtheritic membrane developing in the fauces marks the occurrence of a disease which is dangerous to life, not only from primary and secondary blood-poisoning, but also from the tendency to the development of the same morbid process in the larynx.

THE SIGNIFICANCE OF ALBUMIN IN THE URINE. The existence of albumin in the urine, be the percentage ever so small, is very properly regarded as an ominous symptom. But while, for all practical purposes, this abnormality should be viewed as a sufficient reason for placing the individual under critical observation, and justifying grave apprehensions for his future, its mere existence should not, without the corroboration of other signs, doom the sufferer to a hopeless prognosis. As early as 1865, Gubler demonstrated the existence of albuminuria as a physiological phenomenon, and since then other observers have maintained that albumin may exist in the urine without disease of the kidneys. It is true that still other observers have disputed the correctness of these views, strenuously maintaining that albumin in the urine is incompatible with sound health. In view of the absence of the less delicate tests of later years, the condition of peptonuria was probably often mistaken for albuminuria in the earlier observations; it is, nevertheless, a probable fact that albumin may be caused to appear under circumstances of no appreciable variation from the healthy standard. The most exhaustive experiments on this point, undertaken in recent times, were those of Capitan and Chateaubourg, of France, each independently of the other and under the most favorable conditions. Dr. Millard epitomizes their reports in an article in the Medical Record of 31st ult. The subjects of the experiments were healthy young soldiers. Of 98 soldiers whose urine was examined after nearly two days' rest, 54 presented no albumin; in 20 cases only 0.007 grammes to the litre was discovered; in two others 0.15 gramme was found; the others contained more. In 120 soldiers the urine was examined immediately after waking. In that of 92 (or 76 per cent.) albumin was found in quantities varying from a mere trace to 0.12 gramme (two grains) to the litre (about a quart). In the urine of 199 soldiers who had been subjected to severe manœuvres and exercise, albumin in variable quantities, was found in 170 cases. In nine of these cases it was recognizable by nearly all of the reagents. The largest percentage was discovered after cold bath, as much as 0.25 gramme (four grains) to the litre being sometimes observed.

It will thus be seen that when albumin is discovered in the urine of health, it occurs, for the most part, in very minute quantities. It is also well known that there are serious and fatal affections of the kidneys in which the urine presents no trace of albumin. But while the presence or absence of albumin in the urine indicates neither health nor disease, it is dangerous to go to the extreme of belittling its presence as a factor of diagnosis and often as an evidence of disease of the kidneys. Albumin may, of course, also exist as a symptom of cystitis, in connection with hæmaturia, etc. Its existence, except in large quantities, should but serve as a hint to a more careful scrutiny, and should not, unless the microscope reveal renal lesions, fill either the patient or his medical attendant with gloomy forebodings.

The British Medical Association has instituted an investigation into this question, after the manner which it followed in conducting its Collective Investigation a year or so ago. It precedes its questions with the following pertinent remarks on this subject:

"The importance of albuminuria, and its value as a symptom of disease of the kidneys, has recently been the subject of discussion. After the observation of Bright had demonstrated the frequency with which kidney-disease was associated with albuminuria, it came to be generally accepted that all persons whose urine was albuminous were suffering from disease of the kidneys, with the exception of those in whom a sufficient cause for it was found in some temporary condition, such as fever, or in heart-disease. To this view, some exception must now be taken; for we find that, although most persons suffering from disease of the kidneys have albumin in the urine, yet cases of albuminuria are met with in which there are no other indications of kidney disease. It is needless to adduce examples of the latter condition, about which so much has been written during the last few years. Some writers have gone so far as to speak of 'physiological albuminuria,' and to say that an exceedingly small trace of albumin is constantly present in healthy urine. It is possible that this may be so; but this need not trouble the physician, for the ordinary clinical tests fail to detect

it. It has, however, been stated that albumin, in easily appreciable quantity, can be detected in the urine of a certain number of reputedly healthy persons. The question now presents itself, are these persons sound? Can their lives be regarded as safe for insurance or other purposes for which a certificate of good health is required? Or do we possess in this symptom a valuable indication, forewarning us of approaching organic disease? It ought not now to be difficult to collect sufficient evidence upon which to found satisfactory answers to this question."

THE WORKINGS OF THE MICHIGAN MEDICAL ACT.—It was urged as an apology for the medical bill which was made a law at the last session of our state legislature, that it was at least a beginning at legislation, that it would serve as a starting point for something better, that it was better than no bill at all, etc. Lured by this specious reasoning the profession, albeit with a very wry face, swallowed the nauseous thing and immediately became interested spectators of its action on the body politic. It has now been in operation a little over six months, but short as has been the time, it has been sufficiently long to develope certain latent beauties of the alterative which it was promised would, after the manner of the action of alteratives as a class, slowly and without violent disturbance, correct certain serious constitutional vices. The interested spectators have thus far, not only had their labor for their pains, but have also actually witnessed the legalizing of a prostitution of their honorable name and calling. The Michigan Medical Act has thus far purged the profession of none of the ills which afflicted it, and through it the public, but has, on the contrary caused those ills to be so assimilated as to make them an ineradicable constituent. We have yet to learn of a single blatant quack whom the Act has silenced, of a single ignorant pretender whom it has suppressed, of a single unscrupulous fraud whom it has caused to desist from his spoliation. Not only has it not rid the community of these evils, but it has licensed their infamous practices. Whereas, previous to the Act, the Code of Ethics of the profession served to maintain a line of demarcation between reputable physicians and the disreputable, since its passage the law has given quackery the patent of respectability, and it is now deemed not an unworthy thing for the hitherto upright to indulge in practices heretofore held to be irregular, or for men of ancient and honorable antecedents to affiliate with those who had been denied professional recognition. The Act, like any means of reform which does not lay the axe to the root of the tree, bas been a dismal failure, and worse than a failure, and the only thing that remains is for its evils to become so flagrant against the coming legislature, as to incite a general movement towards its repeal.

As an illustration of the practices which are tolerated, and even legalized, under our Act, we reproduce the following letter from the principle of an "Institute," in this state, in reply to a letter of inquiry prompted by the printed circulars of the "Institute:"

Dear Sir

In reply to yours of 27th would say the vacancy is filled but there is another chance for you, we are open for students. We teach a new and Most succesful Method of curing disease By attending our Institute you can soon have a business of your own at little expense We can you a good knowledge of our science thearetically and practically in about four weeks you would then graduate receive a diploma and complete outfit of books, appliances circulars and be into business for yourself A word in regard to our business financially you can make money from the start by sending out some of the circulars which we furnish. All our students make from $50.00 to $150.00 per Month from the start There is little or no expense connected with it and therefore no risk to run Our charge for instruction and complete outfit also board while learning is $200.00 I send with this one leaf of our Journal read it carefully and decide soon for applicants are coming in fast This is a good opportunity for any man would like a personal interview with you which would no doubt be more satisfactory

Yours &

HOW TO SECURE AND PRESERVE GOOD TEETH.—It has of late been argued that the defective teeth of the contemporary age is an evidence of the working of the great underlying force known as evolution—that as the cranium developes and intellectuality, consequently, increases, the organs which are more characteristic of the animal, e. g. the teeth, deteriorate and may, possibly, in the cycles of the ages, become simply rudimentary, even as the coccyx is now a rudimentary tail. Whether the cause is connected or not with the plan of evolution, the fact remains that the teeth of the modern, more highly "evolved" man are rarely found quite up to the recognized standard of excellence.

H. E. Bennett, a dental surgeon, of Boston, is not disposed to look to evolution for the cause of defective teeth. He finds it in the errors of diet associated with the modern cuisine, and he contributes to the Medical Annals an article containing suggestions which, properly heeded, would deprive the dentist of much of his increasing patronage. He enjoins the necessity of eating such food as contains all its natural elements. If we eat food made from the cereals, it should contain all the elements of those cereals. If we eat meat, we must also eat bone. It is only by so doing that we secure in its proper quantity, the material necessary for the growth and nourishment of the teeth. The most scrupulous attention to the teeth with the toothbrush and by means of ablution, will not preserve the teeth, for it is not true, says Dr. Dennett, that "a clean tooth never decays." The excessive use of acids must also be avoided, for acids, and acid saliva, too, dissolves lime. The digestion must, therefore, receive attention.

Excepting civilized man, continues Dr. Bennett, all flesh-eating animals take as much of the bone

with the flesh they eat as they can break with their teeth sufficiently fine to swallow, and all have good dental organs. Place before a tribe of Indians everything the earth produces in the shape of food and they will eat only animal food, as long as it lasts; but put them on a reservation and feed them as civilized people feed themselves, and decay of the teeth is sure to follow. Take from any carnivorous animal the supply of bone which it gets with the meat, and dental decay is the inevitable result. Several years ago the lions in the Zoological Gardens of London, were fed upon the thighs of horses. These being large, they were unable to break and eat them. As a consequence their young were born with cleft palates, and died shortly after birth. Subsequently they were fed upon deer and other small animals, and their young were born with perfectly formed palates and lived. Veterinary surgeons have long known that certain diseases of their dumb patients can only be successfully treated by feeding to them bone meal. A dam, too aristocratic to gnaw bones, gave birth to successive litters of rickety pups; but after eating food that contained a liberal percentage of bone meal, she produced perfectly healthy ones by the same sire.

Arguments in favor of eating bone to prevent decay of the teeth, as well as to cure a long catalogue of bone and kindred diseases, might be continued indefinitely; but, as "a word to the wise is sufficient," it seems only necessary to add that a long and continued experiment has been made upon a family, with results that fully justify all claims as to its beneficial effects. The bones used were selected from perfectly healthy animals, carefully cured without being allowed to pass through any perceptible chemical changes, finely granulated and incorporated into soups, gravies, bread, etc., in the proportion of from one to three spoonfuls of the meal to each pint of flour, gravy or soup. The relative proportion of nutritive elements in one hundred parts of different kinds of animal food have been found as follows: Beef, 26; mutton, 29; chicken, 27; pork, 24; brain, 20; blood, 21; codfish, 21; white of egg, 14; milk, 7; bone, 51.

Possible Dangers of Trachelorrhaphy.—Dr. B. Hughes Wells, of Charity Hospital, New York, contributes a paper on this subject to the American Journal of Obstetrics, of which we give the following resumé:

"1. That primary hemorrhage, though not uncommon, is rarely alarming, and when severe, is easily controlled by traction exerted upon the cervix, or by one or more sutures passed deeply under the bleeding points.

2. That secondary hemorrhage is rare, but, when it does occur is a serious danger. That it may happen, not only when the circular artery has been wounded during the operation, but also at times as a consequence of the cutting of a suture into a previously intact arterial twig. That when it does happen, if very severe and the instruments are at hand, time should not be wasted in trying other means but that we should at once apply the deep suture, twisted tightly on the side from which the bleeding comes.

In the absence of the proper instruments, and in moderate cases, tight tamponing with discs of alum-cotton will suffice, and not interfere with union.

3. On account of the danger of secondary hemorrhage from the cervix, is an open question whether, in those cases where both lesions exist together, it is not best and wise to defer the repair of the lacerated perineum to some time after the closure of the cervical rent, and not, as a routine practice, do both operations at one sitting.

4. Menstruation coming on before the removal of the sutures does not necessarily cause trouble, if only they be allowed to remain *in situ* for a few days longer, until it ceases.

5. Non-union occurs in about eight per cent. of all operations, the percentage of failures being larger in hospital than in private practice.

A flabby, hyperæmic condition of the cervix is most apt to lead to this result, but it also may be produced by too tight or too many sutures.

6. Serious inflammation is a not very infrequent sequence, and even death occasionally follows.

7. Inflammation frequently occurs where there has been previous cellulitis, and it can be best avoided by recourse to the manipulative measures described.

What have been considered as *secondary dangers* by some writers, are shown to be in most cases palpable benefits, the facts given proving the following:

1. Trachelorrhaphy does not cause sterility.

2. On the contrary, it causes a decided increase in the productive fertility of the subjects of the operation.

3. After the operation there is even less liability to subsequent cervical laceration than there was at first.

4. There is no danger of anything like serious obstruction to subsequent labors by the cicatricial tissue formed in the cervix.

5. There is very little danger of producing serious stenosis of the cervical canal, except through inexcusable carelessness.

The Virus of Rabies.—Pasteur, after four years of work, has so far completed his investigation into the subject of rabies as to justify him in submitting a report thereof to the Paris Academie des Sciences. His experiments were in the line of those which have led to former important discoveries, the direction being determined by the important fact that certain infectious poisons vary in respect to their virulence, and that insusceptibility to a virus may be secured by means of another virus of less intensity. He found, 1. That if the poison of rabies be transmitted from the dog to the monkey, and then from

monkey to monkey, its virulence diminishes with each inoculation, and never again reaches its original degree of virulence. 2. The virulence of the poison is increased when it is transmitted from rabbit to rabbit, or from guinea pig to guinea pig. The virus thus intensified in its virulence causes in the dog a more violent attack of rabies than the virus of the mad dog in the street. 3. Although the virus is thus intensified in the rabbit and the guinea pig, it requires many successive inoculations to bring it up to its maximum of intensity when it has been previously attenuated in the monkey. Further, the virus as found in the mad dog on the street, is far from its maximum of intensity, as found after its passage through a number of rabbits.

By the application of the facts he has thus discovered, he claims that dogs may be made proof against rabies. But until all dogs have been thus made proof the greatest interest of the question will centre in the prevention of the developement of the disease from the bite of dogs having rabies. Pasteur is encouraged to hope that the difference between the period of incubation following the bite of the dog and that following the inoculation of the attenuated virus, will solve this question. It is now pretty generally conceded, we believe, that an attack of small pox may be prevented or very much modified, by vaccination immediately after exposure to the contagion, and it is not unreasonable to suppose that an attack of hydrophobia may be similarly forestalled.

Confident of the correctness of his results and the deductions therefrom, Pasteur has invited the Minister of Public Instruction to appoint a commission to apply the crucial tests, and that official has named the following well-known scientists as such commission: Brelard, Paul Bert, Bouley, Villemin, Vulpian and Tisseraud. The report of these gentlemen will be awaited with interest. While the actual number of deaths from hydrophobia is small, such as do occur are of a nature so peculiarly revolting that the possibility of its occurrence, causes a greater degree of consternation than the actual and constant presence of many diseases whose termination is almost certain death.

A Disgruntled Texan Editor.—The editor of the Courier of Medicine, a very spicy and withal sensible contemporary, published at Forth Worth, Texas, went up to Washington, a distance of about 3000 miles from his home, to attend, and to become a member of, The Association of American Medical Editors, which convened at the Capitol on May 5th. He went, he says, on invitation, but when he got there there was no one to receive him. No one even knew he was there, and no opportunity offered of making his presence known. No roll was called; no invitation was extended to enroll his name, nor was any other way opened up through which he might realize his ambition. It seemed as if everything had been prepared, cut and dry, even to those who were to do the speaking, and our brother from Texas, not being one of the elect, did not get a chance to say his piece. His native modesty and innate bashfulness, prevented him from getting up and saying "Here am I; I want to join; I am from Texas!" and his bottled eloquence found no vent. After the meeting he approached the individual who seemed to be running the thing, and timidly offering him his card, modestly expressed his desire to join the noble band of editorial brothers. The individual approached, without even looking at the card, referred the Courier man to another, whom he (the Courier man) did not know. After the adjournment a "fat old-lady-looking gentleman" invited the members to his house "to have something," but the brother from Texas, not having been able to become a member, was, of course, not embraced in the invitation. He, therefore, went to his hotel, took a little whiskey, and chewed the cud of meditation. The conclusion he arrived at was that the Association of American Medical Editors is a close corporation of mutual admirers, with a small but select membership, that it wants no new members, and (admirable Texan bull) that "the next time he attends one of their conventions on invitation he will stay at home."

It is very apparent from the above that our Texan brother is young and inexperienced in the ways of the world. The next time he attends on invitation he must go the meeting, and not be so backward in going forward. All that is necessary is a little (sometimes more than a little) cheek. The battle is not with the diffident, nor the race with him who has no brass. If he kept his eyes open (and he evidently did) he must have noticed a thing or two, the imitation of which would secure him recognition and even distinction. Verily, brother, he that asserteth not himself the same shall not occupy a front seat, while he that bloweth his own bassoon the same shall stand high in the councils of his peers. Pray suffer this not to escape thy memory.

The Ranch-Cure for Consumptives.—Dr. Samuel A. Fiske has an article in the July number of the Popular Science Monthly, on "Colorado for Invalids," from which we give the following extract; if the facts are strictly as stated the free dissemination of this statement of them throughout the eastern states, will go good:

"It may be a good thing for the person affected with phthisis to go into ranching, after he has been in the State long enough to know what he is about in doing so; but we enter a protest against the idea, which is somewhat prevalent in the East, that in order to recover his health the invalid should go on to a ranch and herd sheep. The reasons for making this protest are that such advice is frequently given, and, as we are led to judge, by physicians who have but the vaguest ideas of the nature of the course they are prescribing. The invalid, on coming to Colorado, needs to have life made as easy and pleasant for him as possible. As a rule, the sacrifices he

has to make, in consequence of his sickness, render him for the time being peculiarly dependent upon sympathy. He should be so situated that he can have the benefit of pleasant society and diverting companionship. Now, ranch-life is necessarily somewhat rough and usually monotonous, and, when it comes to herding sheep, even a vigorous man, new at the business, finds it most irksome and fatiguing. We think it is a great mistake to increase the trials of an invalid by imposing upon him, in addition to a separation from his friends, and almost entire absence of companionship, a life that is rough in the extreme, and a dietary that is unnutritious, uninviting, and monotonous. The average ranch-house is a miserable shanty, out on the plains, away from neighbors, where the usual diet is bacon floating in grease; hot flapjacks, made fresh with water and baking-powder; molasses, and coffee without milk.

If it be possible for the invalid to go to some nice ranch, near a village, where he can have good, wholesome diet, pleasant associates, out-of-door occupation, and where his hours will necessarily be regular, then the conditions for recovery are excellent. Such ranches are to be found. But the average ranch on the plains, is much inferior to the average farm-house in the East, and the surroundings and diet are such, at first, to try very severely the strongest man."

Suicide and Sleeplessness.—The circumstances attending the recent death of the Dean of Bangor—albeit they are infinitely distressing—present no novel features. The reverend gentleman, according to the Lancet, was a man of considerable intellectual "power," which is the same thing as saying that he was constitutionally liable to intervals of mental depression. All highly intellectual men are exposed to this evil. A pendulum will always swing just as far in one direction as it does in the other. Great power of mind implies also great weakness under certain conditions. The marvel is not that great minds occasionally become deranged, but that they so often escape derangement. Sleeplessness means not merely unrest, but starvation of the cerebrum. The brain cannot recuperate, or, in other words, it cannot rest. Physiologically, recuperation and rest are the same thing. Sleep is simply physiological rest. The only cause for regret in these cases is that the blunder should ever be committed of supposing that a stupefying drug which throws the brain into a condition that mimics and burlesques sleep can do good. It is deceptive to give narcotics in cases of this type. The stupor simply masks the danger. Better far let the insomnious patient exhaust himself than stupefy him. Chloral, bromides and the rest of the poisons that produce a semblance of sleep are so many snares in such cases.

Sleeplessness is a malady of the most formidable character, but it is not to be treated by intoxicating the organ upon which the stress of the trouble falls. Suicide, which occurs at the very outset of derangement and is apt to appear a sane act, is the logical issue of failure of nutrition that results from want of sleep. It is curious to note how a sleepless person will set to work, with all the calmness and forethought of intelligent sanity, to compass his death. He is not insane in any technical sense. He has no delusion. He does not act, or suppose himself to act, under an "influence." He simply wants to die, and, perhaps, not until after he has made an attempt to kill himself will he exhibit any of the formulated symptoms of mental disease.

The Laboratory that Jack Built.—Chemical News:

This is the laboratory that Jack built.

This is the window in the laboratory that Jack built.

This is the glass that lighted the window in the laboratory that Jack built.

This is the sand used in making the glass that lighted the window in the laboratory that Jack built.

This is the soda that, melted with sand, compounded the glass that lighted the window in the laboratory that Jack built.

This is the salt, a molecule new, that furnished the soda that, melted with sand, compounded the glass that lighted the window in the laboratory that Jack built.

This is the chlorine, of yellowish hue, contained in the salt, a molecule new, that furnished the soda that, melted with sand, compounded the glass that lighted the window in the laboratory that Jack built.

This is the sodium, light and free, that united the chlorine, of yellowish hue, to form common salt, a molecule new, that furnished the soda that, melted with sand, compounded the glass that lighted the window in the laboratory that Jack built.

This is the atom that weighs twenty-three, consisting of sodium so light and free, that united with chlorine, of yellowish hue, to form common salt, a molecule new, that furnished the soda that, melted with sand, compounded the glass that lighted the window in the laboratory that Jack built.

This is the science of chemistry that teaches of atoms weighing twenty and three, and of sodium metal so light and free, that united with chlorine, of yellowish hue, to form common salt, a molecule new, that furnished the soda that, melted with sand, compounded the glass that lighted the window in the laboratory that Jack built.

Reception to Dr. Edward W. Jenks.—One of the most enjoyable events in local professional circles for many years, and one withal indicative of a commendable spirit of fraternity, was the reception given by Dr. Morse Stewart, on the evening of the 19th inst., in honor of Dr. Edward W. Jenks, who, for reasons mentioned in a previous issue of the Age, has returned to his former home from Chicago, whither he went five years ago to accept the chair of gynæcology in the Chicago Medical College. Up-

wards of a hundred of his former fellow-practitioners were present to greet him and to welcome him back, while a large number of prominent citizens, including Mayor Grummond, ex-Mayor Lewis and other officials, embraced the opportunity to assure their former townsman of their pleasure at his return. Refreshments, bountiful as to the supply, and including some very unique products of the cuisine, with the delicacies of the season, were served in the open air on the spacious piazza in the rear of Dr. Stewart's drawing room.

Dr. Jenks has abundant grounds for self-gratulation on this cordial welcome, on his return to his old home, while Dr. Stewart, in thus affording an opportunity for the generous exhibition of fraternal feeling, has set an example worthy of emulation. Such expressions from one's fellow-workers are truly powerful incentives to the cultivation of those qualities of head and heart which call them forth.

How to Secure Membership in the American Medical Association.—Until the late annual meeting of the American Medical Association, it was necessary, in order to secure membership in that body, to be first appointed as a delegate from some local society. The admission of the delegate made him a member, and his membership continued as long as he paid his dues. At the last meeting action was taken by which any member of a society entitled to representation in the national association, by making application in proper form, and without being a delegate, may be admitted. His application must be in writing and accompanied by a certificate signed by the president and secretary of the society, attesting his membership and good standing. The fee is five dollars, which, with the application, should be sent to Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa. Members thus admitted become entitled to all the rights and privileges of the Association, save the right to vote, this right being confined to delegates. Actual attendance at a meeting, in order to secure membership in the national body, being thus no longer required, it is hoped the Association will receive a large accession to its members.

The Yellow Fever Bacillus.—A Dr. Domingo Freire, of Rio Janeiro, claims to have discovered a bacillus, the introduction of which into the system is the cause of yellow fever. This bacillus is susceptible to modification, as to its virulence, by culture, and the discoverer is now engaged in experiments to determine the protective influence of inoculations of the bacilli thus modified. Yellow fever is now raging at Rio Janeiro, and the doctor had already inoculated, at the date of his preliminary report, four hundred and six persons. Not the slightest disadvantage has resulted from these inoculations, while all who have been thus treated have thus far enjoyed immunity from the pestilence. The experiments are being continued and a full report of results is promised in about two months.

Poisoning by Corrosive Sublimate Irrigation.—The following is translated from the May number of the Medicinische Chirurgisches Correspondenz Blatt: Hofmeier, clinical assistant to Prof. Schrœder of Berlin, reports now also a case of poisoning by sublimate. The patient, in puerperal state, recently delivered with complete rupture of perineum. Irrigation with corrosive subltmaie 1:1000. Died on twelfth day with fetid diarrhœa. Autopsy revealed extensive gangrenous ulcerations in the whole course of the large intestine. Examination in the patho-chemical laboratory demonstrated clearly the presence of mercury in the tissues. Undoubtedly the greatest caution in the use of corrosive sublimate is indicated. P.—[A third case has already been reported. Ed.]

Hydrogen Peroxide as a Test for Pus in the Urine.—The addition of a few drops of hydrogen peroxide to a sample of urine containing pus, is said to cause an effervescence quite as active as that resulting from addition of hydrochloric acid to an alkaline carbonate. The effervescence continues until all the pus is destroyed, so that it cannot be detected under the microscope. Such being the case, the peroxide of hydrogen affords a most delicate test for pus in the urine, and one very easy of application.

The profession was again scandalized by the conduct of a number of outsiders who attended the receptions which were given the members of the American Medical Association, at the recent Washington meeting. In one instance men stalked into the house of a lady of great refinement, with hats on their heads, and forced their way to the dining-room, where they fought like wolves for places at the tables, overturning piles of plates, breaking her expensive ornaments, and soiling her rugs with tobacco juice. It is high time the Association took some means of protecting itself against the host of ill-mannered boors who manage, through the influence of members, to secure cards of invitation to the entertainments so kindly given.

That was a scurvy trick which, according to the N. Y. Medical Journal, was recently played on a medical expert who was a witness in a case in which were involved some points in neurology. In the cross-examination he was asked if he recognized a particular book as authority in the matter, and the question was repeated in regard to several other books. He answered that he was familiar with them all, and that they were authorities on the points involved. On his leaving the stand he was succeeded by the lawyer's clerk, who testified under oath, that the titles of the books as mentioned and with which the expert had claimed familiarity, were

wholly fictitious, having been concocted in the law-office to which he was attached. It will stand our experts in good stead to be wary of this new pitfall.

A correspondent who does not wish his name to appear in connection with his criticism writes: "I am sorry the MEDICAL AGE and Ainsworth, the famous linguist, differ so widely regarding the gender of 'os,' the mouth. Ainsworth puts it down as masculine, while the AGE thinks it is the neuter gender. If Ainsworth is right then, 'per os' is wrong—it ought to be 'per orem.' There is a neuter noun, 'os,' but it means a bone, a tooth, etc., not the mouth." We are sorry that "Ainsworth, the famous linguist," is so deficient in his Latinity, and that he should thus lead our esteemed correspondent astray. *Os, oris*, the mouth, and *os, ossis*, a bone, are both neuter nouns, "the famous linguist" to the contrary notwithstanding. *Vide* any recognized dictionary.

Some suggestions for the improvement of the existing jury system, presented by Judge Robert C. Pitman in the North American Review for July, under the title of "Juries and Jurymen," should, in view of the recent notorious miscarriages of justice, receive the serious consideration of every thoughtful citizen. "American Economics," by Prof. Van Buren Denslow, is a lucid and forcible exposition of the grounds upon which the protection theory of national economy is based. Judge Noah Davis writes of "Marriage and Divorce;" Dr. P. Bender, whose subject is "The Annexation of Canada," sets forth the advantages likely to accrue to the United States from the absorption of the Canadian provinces; Prof. D. McG. Means, in an argument against "Government Telegraphy," subjects the management of the Post Office to a most searching criticism; Charles T. Congdon writes of "Private Vengeance;" and, finally there is a symposium on the "Future of the Negro," by Senator Z. B. Vance, Frederick Douglass, Joel Chandler Harris, Senator John T. Morgan, Prof. Richard T. Greener, Gen. S. C. Armstrong, Oliver Johnson and others.

The report in the British Medical Journal of the Scotch method of school discipline, by means of castor oil, reminds the Cincinnati Lancet and Clinic of a method now in vogue at a certain popular female seminary. It has reference chiefly to the cure of certain indefinite cardiac symptoms directly traceable to flirtation with the "fellows" of the university. On the appearance of the precursory symptoms, sleeplessness and other sighs of uneasiness, the victim is given a full dose of Epsom salts on an empty stomach, to be repeated *pro re nata*. The methodical pursuit of this plan is said to be a prophylactic of the præcordial distress, or, if it have already developed, to reduce the recurrent attacks to a minimum. We presume the rationale of the treatment exists in the fact of the close sympathy between the abdominal ganglia and the affections.

In many respects we have, doubtless, made much progress since the days of Hippocrates, but how true to the present is the following utterance by the ancient sage: "Of all the arts, medicine is the most illustrious; but the ignorance of its professors, and that of those who judge of their qualifications, is the cause of its having been considered among the most contemptible. This, in my opinion, arises chiefly from the circumstance that medicine is the only profession for which in our cities, there is no penalty attached to such as ignorantly pursue it, beyond that of contempt."

From the days of Shakespeare until now, "crowner's quest" law, and the verdicts which have been rendered under it, have frequently been very funny. The latest remarkable conclusion by a corroner's jury is reported as coming from Texas, that state of so many remarkable happenings. A man was shot and the jury which "sat on the corpse," subjected the attending surgeon to a searching examination and cross-examination, the question being chiefly directed to the precise point at which the ball entered. The prisoner admitted the shooting, and his admission, substantiated by a dozen witnesses, helped to intensify the admiration in which he was held—he had made a shot, at a remarkably long range, clean through the centre of his victim's heart. The jury after a short deliberation brought in a verdict to the effect that "Jake Daniels is the dandiest shot in these parts."

Dr. J. C. Burlington, of Attica, Indiana, writes us a letter of complaint against one Dr. Samuel A. Miller, a name not unfamiliar to the readers of this journal. He says that in reply to a proposition from Dr. M , he returned vols. I. and II. of "Hospital Reports" and sent $5.00, for all of which he was to receive four volumes of "Hospital Reports," suitably bound in one volume, and Dr. M.'s latest production: "An Epitome of Medicine, Surgery and Obstetrics." This return and remittance were made in March, 1883, and the receipt of the money was duly acknowledged. Up to the date of his communication (17th inst.), all that he has received has been the epitome, and he asks us certain questions touching Dr. Miller's conduct. Our legal knowledge does not warrant an attempt on our part to fix the status of the proceeding, as reported. We, however, in conformity with Dr. Burlington's request, lay the facts before our readers. Dr. B. requests, also, that any reader of the AGE who may have had a similar experience, shall communicate with him, in order that he may complete a case for an action against the Philadelphia publisher for improper use of the mails.

Dr. H. C. Wood, at the recent meeting of the Pennsylvania State Medical Society, declared his disbelief in the specificity of diphtheria. The diphtheria micrococci, so-called, he said, could be found in the natural saliva, and he had found them in great abundance in sloughing sores, gangrenous wounds, etc. He now holds diphtheria to be simply a putrid or septic sore throat, differing in severity

with the individual. This is the old belief resurrected. Truly, we move in a circle—ever slowly widening, but a circle still.

Dr. Oliver Wendell Holmes has been making some calculations, through which the magnifying power of the achromatic microscope may be the more clearly conceived. Estimating from the extent to which it magnifies the minutest piece of human skin placed under its lens, the man of ordinary stature proportionately enlarged throughout, would measure just one mile in height—ten time overtopping the loftiest of the pyramids and twenty times the tallest of our church spires. His weight would be sixty million tons, and he could take up the Massachusetts State House as we would a paving-stone, and fling it into the waters beyond the Boston Lighthouse

Koch, who went to Egypt and India at the head of the German Cholera Commission, has returned, after an absence of eight months. He was enthusiastically received and, it is said, will soon be offered a professorship in Berlin. While he has, doubtless, made some discoveries in connection with cholera, the practical value of these discoveries remains to be unfolded. It is all too posssible that the practical value attaching to the discovery of the cholera bacillus, will not be any greater than that which has thus far been developed out of his discovery of the bacillus tuberculosis.

Dr. Gross bequeathed, by his will, his medical library, museum and diagrams to such one of the three following institutions as his executors might elect: Jefferson Medical College, the Philadelphia Academy of Surgeons, or the College of Physicians, of Philadelphia. Should either of these decline to receive the bequest it shall be tendered the University of Pennsylvania or the New York Academy of Medicine. He provided also the sum of $5000, which should be so invested that its proceeds should every third year, furnish a prize for the best original essay illustrative of some subject in surgical pathology.

The Medical Record declares it to be custom among instrument makers in New York, to give the physician who sends them a patient to be fitted, a percentage on the sales. Those who can recall our contemporary's virtuous and uncompromising indignation, a few years ago, at the payment of similar percentages by druggists on physicians' prescriptions, will form a ready conception of its feelings towards this latest instance of professional prostitution.

The fund for the erection of a monument to the memory of the late Dr. J. Marion Sims has already reached over $5,000. Although this amount ensures the success of the movement, the fund is still increasing; and, doubtless, when the contributions are all in, the sum raised will be sufficient to erect a very creditable shaft.

A clergyman who sought to corner Huxley, asked him to explain, in the light of the theory of evolution, how it is that the male children of the Jews continue to be born with foreskins intact: Our witty evolutionist replied: "There's a divinity that shapes our ends, rough hew them as we may."

Who is an "irregular?" Dr. Flint, in his recent presidential address before the American Medical Association, defined him thus: "One who voluntarily assumes a distinctive name, and announces to the public that his medical practice is based on a distinctive system of medicine, opposed to legitimate medicine." The definition would have been more complete, and more satisfactory to many, had it tersely defined "legitimate medicine."

It was a hyper-æsthetical, ultra-poetical young lady who discharged her medical attendant because he ordered her to take a blue pill. Any one, she maintained, who could not discover that blue did not suit her complexion, could not be much of a doctor.

Puck claims that the Vassar girl never has a clammy sweat. She is afflicted with a bivalvular transpiration.

Detroit Medical and Library Association.

Regular meeting, May 5, 1884.

R. A. Jamieson, president, in the chair.

Dr. Geo. Duffield exhibited a microtome imported from Leipsic.

Dr. Hoyt reported a case of a girl who had jumped a rope 300 times in succession. On the next day severe abdominal pain appeared, and in twenty-four hours the symptoms resembled a severe attack of cholera morbus. She died on the third day.

Autopsy.—Abdomen only examined. A thick inflammatory exudate covered the peritoneal surface of the small intestines; fallopian tubes also inflamed. In the left broad ligament was found a cyst the size of a pea, with a long pedicle.

Dr. Bonning had in charge at the time, a boy æt. nine years, who fell on his abdomen. Two days later severe peritonitis developed, and at the time of the report he was very low. The doctor could find no evidence of visceral rupture.

Dr. Jno. Flintermann recently saw with Dr. Babcock, a young man, æt. 19, who had recently come up from New Orleans. He had been ill with dysenteric diarrhœa, and later, pain in the right side had appeared. There was great enlargement of the iver. The abdominal walls were œdematous and the swelling had a doughy feel. Diagnosticated an hepatic abscess. The doctor put in an exploring needle and thought he reached the cavity, but failed to get fluid. The patient died and there was no postmortem. The doctor had seen altogether, six cases of hepatic abscess in this city. All, with one exception, were fatal. The abscess in this case was recognized early, and recovered under treatment by free incision and antipyretic injections.

Dr. R. A. Jamieson had seen a case of suppurative tonsillitis in a child æt. six years. It was a rare condition, he thought, in so young a subject.

Dr. Jamieson also reported the case of a young lady who was attacked with vomiting, diarrhœa and abdominal pain accompanied by fever. A general erythema appeared over the body. There was no pharyngitis. A history of a previous attack of scarlatina. The rash deepened in hue and was attended with cutaneous swelling. Desquamation commenced on the 5th day, and the whole epidermis, including the nails, peeled off. There was a second desquamenation two weeks later, and now the patient says that it occurs periodically. The attacks are accompanied by febrile disturbance and seem to be determined by emotion or excitement.

Adjourned.

Regular Meeting, May 19, 1884.

R. A. Jamieson, M. D., President, in the chair.

Dr. R. A. Jamieson presented a section of an amyloid kidney removed from a patient dead from uræmic coma. The kidney was hyperæmic and the heart hypertrophied.

Dr. O. W. Owen read a paper describing the diseases in which the production and elimination of uric acid and the urates were increased. The doctor mentioned a number of cases, with symptoms resembling those complained of by hypochondriacs, whose urine contained large deposits of lithates. He further stated that when the lithates are increased, gravel and calculi, with other complications, as cystitis, may result.

The treatment for this condition is dietetic and therapeutic. The dietetic treatment is to avoid all nitrogenous articles of food and alcohol, and to ingest large quantities of water. The therapeutic treatment is first to relieve the most distressing symptoms, and then to direct the attention to the alimentary canal.

Dr. Carstens said that the course of treatment Dr. Owen had recommended, was the one that he had been in the habit of advising with good results.

Dr. Jennings said that the amount of sediment did not indicate the quantity of uric acid and its compounds that were excreted. The precipitation of these compounds was largely under the influence of the varying physical and chemical states of the urine. The concentration of the urine, its temperature and acidity, were the determining factors in the production of uric acid and urate sediments, and not infrequently specimens with sub-normal amounts of uric acid showed heavy sediments. The only way to determine the amount of uric acid in a specimen, is to precipitate the acid and weigh it. The doctor said that in regard to the influence of a nitrogenous diet and alcohol upon the excretion of uric acid, Dr. Garrod had shown that only an excessive nitrogenous diet increased the uric acid. With the moderate use of nitrogenous food there was no increase of elimination over that produced by a strictly non-nitrogenous diet; and that it was not alcohol, but the products of imperfect fermentation, found in sweet, heavy wines and malt liquors, that produced the lithic acid diathesis.

Dr. Chapoton reported diphtheria and measles. One case of measles was interesting. The child was taken ill with vomiting and high fever and symptoms of meningitis. The abdomen, however, was not retracted. The child became rapidly comatose. In a short time after this the measles rash appeared, the grave symptoms disappeared, and the case went on to a favorable termination.

Dr. Inglis had also seen many cases of measles. In one case the child was taken ill, and the doctor diagnosticated diphtheria. Four days later, when the throat symptoms were subsiding, a rash appeared; it so much resembled the eruption of variola that the opinion of the health officer was asked to decide the question. The doctor had seen other cases with marked cerebral symptoms, and had obtained excellent results from the application of ice-bags to the head and along the spine. In the eruptive fevers generally, when high temperature and cerebral symptoms were found, the doctor preferred this treatment to the use of arterial sedatives. One of the greatest obstacles to its use was the prejudice of the people.

Nineteenth Annual Meeting of the Michigan State Medical Society.—A correspondent sends in the following notes of the recent meeting of our State Medical Society:

The meeting was called to order by the President, Dr. A. F. Whelan, of Hillsdale, at 10:30 A. M., May 11th, at Power's Opera House, and prayer was offered by the Rev. B. F. Sargent. Mayor Belknap, of Grand Rapids, delivered a brief address of welcome.

Dr. J. Orton Edie, of Grand Rapids, chairman of the executive committee, then announced the order of exercises for the meeting, general order of business, reading of papers and an invitation from Dr. and Mrs. Chas. Shepard, to a reception for the evening. The Peninsular Club tendered the freedom of its rooms to the members of the society during their stay in the city. A free excursion to Traverse City was offered the society by the Grand Rapids & Indiana Railroad Co.

Dr. Donald Maclean, chairman of the committee on surgery, in place of the usual report on the progress in surgery during the preceding year, presented cases of ex-sections of elbow and shoulder joints, together with clinical reports of other interesting cases.

Dr. Samuel P. Duffield, of Dearbonville, presented a carefully prepared, and valuable paper on "Expert Testimony." The doctor gave a history of the various decisions, *pro* and *con*, relative to the compensation for medical experts.

Dr. C. J. Lundy read a paper on "The Dry Treatment of Chronic Suppurative Inflammation of the Middle Ear," with a report of several cases in which this treatment proved successful.

AFTERNOON SESSION.

The president then read his address on "Developments of Medical History, Science and Art," concluding with an appropriate mention of the deaths of Dr. J. H. Jerome, of Saginaw City, the first president of the Society, and Dr. Wm. F. Brownell, of Utica.

"Turpentine in Diphtheria" was the title of a valuable paper by Dr. C. Georg, of Ann Arbor.

Dr. H. O. Walker presented a paper on "Exploration of the Male Urethra," together with the exhibition of a new evacuator which he had devised for the removal of crushed stone from the bladder.

Dr. T. A. McGraw read a paper on the "Origin of Malignant Tumors, from Diseased Tissues."

Dr. A. B. Palmer read an interesting essay on "The treatment of Enlarged Prostate Gland without the Use of a Catheter."

Thursday, May 12.

The morning session was occupied with reports of secretary and treasurer, and the nominating committee, together with the election of a president.

The following papers were then read: One by Dr. E. P. Christian, on "Placenta Previa," and another by Dr. G. K. Johnson, on "Perinephritic Abscess."

AFTERNOON SESSION.

Dr. Chas. Shephard reported several interesting cases from his gynecological practice.

Dr. J. Kirkland read a paper on "Aural Catarrh." Several other papers were read by title, which will receive due notice when they appear in the Transactions of the Society.

Dr. G. K. Johnson stated that many were dissatisfied with the present rules of the organization, and thought that better work might be done if judicious changes were made, and for this reason he offered a resolution that a committee of five be appointed to draft such changes, and present them at the next meeting of the society. The resolution was adopted. The President appointed as such committee, Drs. G. K. Johnson, of Grand Rapids, A. W. Alvord, of Battle Creek, H. McColl, of Lapeer, W. Breakey, of Ann Arbor, and L. Connor, of Detroit. The place of next meeting is at Port Huron, on the second Tuesday in June 1885. After the usual congratulations the society adjourned.

The scientific efforts of this meeting exceeded those of any previous one, both in the quantity and quality of the material presented, but owing to bad management of (or rather interference with), the order of exercises, together with the confusion incident to medical politics, a number of valuable papers were left unread, and were only presented by title.

The social features of the gathering were just sufficient to make it satisfactory, and not nauseating.

In regard to the means employed for the election of president, the less said the better.

Exploration of the Male Urethra.*

BY H. O. WALKER, M. D., DETROIT, MICHIGAN.†

Gentlemen:—Judging from the great array of appliances that have been devised for the examination and treatment of diseases of the urethra, we are led to the conclusion that the subject of exploration of the urethra, is one of importance. The urethra may be considered as a muscular tube lined throughout with mucous membrane, and is subservient to two functions, viz., primarily, genital, and secondarily, urinary. Its normal function of urination is confined to about three minutes in every twenty-four hours, and the rest of the time it may be considered as a shut valve lubricated with mucous from the glands of Littré.

Anatomically it is divided into three portions, viz. prostatic, membranous, and spongy. The prostatic portion includes that part running through the prostate gland, the membranous extending to the bulb of the urethra, while the spongy portion concludes the rest to the meatus. Surgically considered the urethra seems to me best divided into two parts. First the pendulous urethra extending from the meatus to the peno-scrotal fold. Second, the fixed urethra, which comprises the remainder of the canal and is sometimes denominated the sub-pubic curve. The reason for this division must be obvious, as the pendulous portion can be accommodated to the curve of any instrument, while in the fixed portion the curve of the instrument must be accommodated to the urethra. Having considered the divisions of the urethra, anatomically and surgically, it must be regarded as a unit; this is particularly so in relation to the size of the instruments adaptable to its exploration under all conditions. No absolute diameter can be fixed for the urethra. It was formerly considered that if a urethra would admit a No. 12 English catheter or sound, that no contraction existed. This is now generally accepted to be incorrect, principally through the investigations of Dr. Otis. An approximate diameter is all that we can expect. Different surgeons examining the same case with the same means, will announce a different diameter, due unquestionably to the greater or less expansion of the walls of the urethra, and the amount of force used in the exploration, together with the sensibility of the patient. Probably the middle of the spongy portion of the urethra is a fair estimate of the size of the urethra as it is the least sensitive and distensible at that point. The size of the meatus is by no means a guide for the actual calibre of the urethra. Dr. Otis has demonstrated, by a large number of measurements, that there is a proportionate relation between the circumference of the flaccid penis and the urethra of about 1 to 3¼. "In a penis of three

* Read before the Michigan State Medical Society at Grand Rapids, Mich., June 11th, 1884.

† Professor of Diseases of the Genito-Urinary System, Orthopedic Surgery and Clinical Surgery in the Detroit Medical College.

inches circumference the urethra would be 30 mm.; 3¼ in., 32 mm.; 3½ in., 34 mm.; 3¾ in., 36 mm.; 4 in., 38 mm.; 4¼ to 4½ in., 40 mm.; and that an estimate of calibre made on this basis is a valuable guide when the urethra-meter is not available." In this statement of Dr. Otis I fully agree, for I made the verification in upwards of 50 cases. In a public examination of a hundred patients, in Charity and Bellevue Hospitals, said to be without inflammatory antecedents, the smallest sized meatus measured 13 mm. in circumference and the largest was 37½ mm., making an average of 24½ mm. in the hundred cases, while in no instance did any urethra measure less than 26 mm., and up to 39 mm, making an average of 32.95 mm. Taking this as a fair number for conclusion, it will be seen that the meatus is much smaller than the rest of the canal. The exigencies that demand an exploration of the urethra are numerous, such as long continued irritation, either of urethra or bladder, and any interference with urinary flow, although much can be learned from the history of the case, together with a chemical and microscopical examination of the urine, yet it is frequently left for the instruments to make a complete diagnosis. I would not have you infer that it is always necessary to pass a sound on every patient that presents himself with the symptoms of urethral irritation and frequency in passing water, for they may be only temporary, and pass away with the proper exhibition of remedies. But it is rare that patients present themselves until these symptoms have existed for some time. Now I agree with Sir Henry Thompson, that the sound is a necessary evil, and should be used only when demanded, and then with discretion and extreme gentleness. The sound is nothing more than a long finger, an aid to tactile sensation, and proficiency in its use is only gained by repeated examinations, under a variety of conditions. The reckless use of a sound, and kindred instruments has been prolific of injury irreparable, in many instances, as I have had occasion to observe. The ordinary introduction of a soft rubber bougie or catheter, such as we have in the present day, is a simple matter, and almost devoid of danger. The first attempt at an accurate determination of the calibre of a contracted urethra was made by Chas. Bell in 1807, by a bulbous sound which he denominated a "ball probe," taking for his guide one suited to the size of the meatus of patient examined, and if it passed the entire length of the urethra, no contraction existed. A still further perfection in this direction was made by M. Le Roy, d'Etiolles, who used an acorn shaped bulb, with a shaft made of flexible material, but owing to the liability of their cracking after using a little while, they were discarded.

It was left to Dr. Otis to devise a set of instruments of wider range, which are denominated Otis' bulbous sounds, acorn-shaped bulb and a copper-shaft, which may be bent to any curve, such as I show you. These, however, owing to some force necessary in introducing, are objectionable, as the object of these bulbs is purely diagnostic, it will be observed that flexibility of the shaft is desirable, and noticing this fact, I devised and had made by. Tiemann & Co., N. Y., a graded set of acorn-shaped metal bulbs with a whalebone shaft, which I take pleasure in exhibiting to you. You will notice that the resistance of the shaft is just sufficient to facilitate easy introdction, any retention at any point of obstruction, thereby accurately determining the calibre of the canal at any point. These bulbs are so graded, ranging from 10 to 40 mm., as to be suitable for diagnosis in most cases. When not suitable, the uretha meter can be resorted to. The one devised by Otis, I look upon as most efficient. It consists, as you observe, "of a small straight canula, size No. 87, terminating in a series of short metallic arms, hinged upon the canula, and upon each other. At the distal extremity where they unite, a fine rod running through the canula is inserted. This rod (which is worked by a stationary screw at the handle of the instrument), when retracted expands the arms in a bulk-like shape, 10 mm. in circumference when closed, and capable of expansion up to 40 mm. A small rubber stall drawn over the end of the closed instrument, protects the urethra from injury and prevents the access of the urethral secretions to the interior of the instrument. When introduced into the urethra and expanded up to a point which is recognized by the patient as filling it completely — and yet easily moving back and forth — the index at the handle then shows the normal circumference of the urethra under examination. In withdrawing the instrument, contractions at an point may be exactly measured, and any want of correspondence between the calibre of the canal and the external orifice be readily appreciated. Among the advantages claimed for this instrument are: (1) Its capacity to measure the size of the urethra, and to ascertain the locality and size of any strictures present without reference to the size of the meatus. (2) It makes the surgeon to complete the examination of strictures by a single introduction of the instrument., and by reduction of its size to avoid irritation which usually attends the withdrawal of the ordinary bougie-aboule, or bulbous sound."*

Smaller sized strictures are determined by filiform bougies. When the urethra-meter is not convenient, the meatus can be cut and the bulbous sounds complete the diagnosis. Should the difficulty be in the bladder, a short curved steel sound, No 8 or 10, English, can ascertain with reasonable certainty whether a foreign body or tumor exists there.

Another aid to exploration of urethra, or bladder, is the endoscope, the use of which I have no knowledge. yet, judging from what others have to say of it, I am inclined to the opinion that the same results can be obtained without it, by the use of a sound and a thorough urinary analysis. The use of instruments for the cure of urethral or bladder troubles

* Stricture of the Male Urethra, its Radical Cure by Fessenden N. Otis. M. D., 1878.

does not come within the province of this paper, only as they are used as a means of diagnosis, and this has already been alluded to.

The dangers attending the ordinary introduction of an instrument through the urethral canal should be almost *nil*. One of these is the exceedingly rare occurrence of death, following the passage of a sound or catheter; cause explainable by shock and a surgical kidney; another of chill and urethral fever following the passage of a sound through a tight stricture, and another that has recently been denominated "catheter fever" by Sir Andrew Clark. This accident is rare, and occurs only in old men with a large prostate, having more or less retention of urine, for the relief of which the catheter is used, inciting an acute inflammation in addition to the already existing one, extending not only to the bladder and ureters but to the kidneys, and within a few days causing the death of the patient. The inordinate use of a catheter or sound, belongs to the domain of meddlesome surgery, and is attended with results frequently appalling, such as the forming of false passages, injury to the deep urethra and the prostate, followed by urethral fever, abscesses, pyæmia, and not infrequently death. If the weight of the instrument, with gentle direction, is not sufficient to traverse the canal in cases of retention, either from stricture or enlarged prostate, it is far better to aspirate the bladder than attempt to force an instrument through. The aspiration of the bladder is far less dangerous than the rough usage of a urethra or prostate, which I have frequently performed in this class of cases, and is well illustrated by the report of the following case:

Mr. A., aged 84, who had suffered for several years with retention of the urine, from enlarged prostate, was one day unable to pass his catheter, which he had been accustomed to do himself, called in a physician to draw his water. Several ineffectual attempts were made with various catheters, causing much pain and a copious loss of blood. Others were called with the same results, when he came under my care. On attempting to introduce a soft rubber catheter, I found that it entered a false pocket. I then aspirated him above the pubis with an ordinary exploring trocar, drawing off over a quart of urine, and this I continued twice a day for five days until all inflammatory symptoms had subsided, when I used a No. 10, English, soft rubber catheter with success. This patient made a good recovery and lived to be over 90 years of age.

Adherent Placenta—Crede's Method.

BY AN OLD PRACTITIONER.

I cordially comply with Dr. Doane's request, and give my views, for what they are worth, on the practical questions which he has proposed:

Adherent Placenta. I have been much interested in the discussion of the methods for treating this condition which has run through several numbers of the AGE, and have been struck with the positive, not to say dogmatic, ring of the diametrically opposite views as they have been presented. Some might be inclined to look for error of observation in the data which form the basis of these views, for, it may at first blush be quite natural to affirm, both sides cannot surely be right. I have learned not to ridicule nor to lightly put aside the positive declarations of an honest man. Convince me that a man believes what he says, and I am prepared to find in his utterances, ridiculous as they may seem at first view, a kernel of truth which divested of the errors of its surroundings, may prove a stepping-stone to something of real value. Even the superstitions of the dark ages, and the scarcely less firmly believed superstitions which the glowing sun of this golden age of light and knowledge has not dissipated, should not be held as unworthy of a search for a hidden treasure.

How are we to reconcile the statement of one honest practitioner, that he has allowed the placenta to remain for months without detriment to the woman, with that of his equally honest brother, who traces septicæmia and death to a similar practice? How very desirable that, on a question of such moment, there should be some touch that could bring harmony from these discordant sounds!

It is my practice to remove the placenta when such removal involves no such efforts as would be likely to inflict immediate injury to the mother. Among such efforts I rank as chief, traction on the cord, and next in rank, and crowding the leader very closely, I place laceration of the intra-uterine structure, either by the curette or by the finger-nails of the accoucheur. Either of these "instrumental" procedures is barbarous, and should, under no circumstances, be countenanced as legitimate obstetric operations. In the vast majority of instances of "adherent placenta" at full term, the adhesions exist purely in the imagination of the young accoucheurs in whose practice they occur. As these enthusiastic, zealous, and observant young men add years to the brand new knowledge wherewith they go forth from their *almi matri* (I am not quite sure as to my Latin) to combat the ills and perversities of the flesh, they will find that by the intelligent and more or less persistent application of Crede's method, the number of cases of adherent placenta which they encounter, will become fewer and fewer, until at last the complication will become one of exceeding rarity. In abortion the placenta is more frequently difficult of removal, but whether the difficulty is due to abnormal adhesion or not, I am not prepared to say. In the few cases of this nature which I have met, I have introduced my fingers (index and middle of right hand) into the cavity of the womb, where with the tips thereof I have manipulated the placenta, in the meantime making gentle traction on the cord with my right hand. If under this treatment the placenta should tear, either in its substance or at the point of attachment, well and good, but no scraping of the uterine cavity with the

finger nails or other forcible means of removing the adherent portion, should be employed. It has been my practice to allow such portion of the placenta as could not thus be removed to remain, watching the patient closely, and resorting to antiseptic intra-uterine injections on the appearance of the odor of decomposition. I should not dare to assume the responsibility of leaving a whole placenta to remain in the uterus for an indefinite period after the expulsion of the fœtus, and without making the patient the object of much careful watching. It is true, as several correspondents of the AGE have averred, it may be so left without subsequent systemic results; but on the other hand, as other correspondents have declared, systemic results have appeared, and death has ensued. I am disposed to think that the latter would be the usual outcome, but for the sufficient nutrition of the placenta, kept up through the vascular attachment at the point of adhesion, to prevent its death and decomposition. This union being maintained, diminution in the size of the placenta is effected through absorption instead of decomposition, and at some subsequent menstrual molimen the attachment has become too weak to retain its hold. The placenta is then thrown off, a more or less organized mass, and furnishes an argument in favor of the "expectant" plan of treatment in such cases. But while nature may occasionally thus protect the woman, I do not believe it to be her usual practice so to do; at all events, I should not be willing to load myself with the responsibility of leaving her to do or not to do in this matter.

I have not, since the method was first brought to my notice, had an opportunity of trying the effect of injecting the umbilical cord with cold water, in a case of adherent placenta. This method has been pronounced effective in several reported cases which I have read. The nozzle of a Davidson's syringe is introduced into a vessel (vein or artery) of the cord, and the water forcibly pumped in. I purpose trying it when an opportunity offers.

Crede's Method. This I understand to be the method introduced by one Dr. Crede, a German accoucheur, for the removal of the afterbirth. I do not know when it was introduced under this distinctive name, but I have employed it for about ten years, I think. It consists of compression of the uterus through the abdominal walls, the pressure being made on the fundus. It is my practice, and I believe it is in harmony with Crede's instructions, to seize the fundus of the uterus between my thumb and the fingers of the same hand, thus making a squeezing pressure similar to that which one would make on a cherry when expelling its pit. By this method the placenta is more readily removed than by traction on the cord, and the uterus is stimulated to that contraction which brings about that hard feel of the organ, the existence of which is one of the surest guarantees against post-partum hæmorrhage.

I think I have answered Dr. Doane's question as to the time to remove the placenta in a previous number of the AGE, which *vide*.

Management of the Placenta in Abortion.

BY G. I. SMART, M. D., BLUE EARTH CITY, MINNESOTA.

With varying interest I have read the articles in the AGE, under the heading of "Management of the Placenta in Premature Labor," and confess myself somewhat astounded at the latest article by Dr. J. A. Wessinger. I agree with Dr. Young and our principal physicians that such teachings are highly pernicious. Let me reply to the last article in order: Dr. W. first writes that "whatever he has to say on any subject he says because he thinks it; not because some one else has said so." That is evident, since by his own showing the most eminent physicians have condemned the expectant plan. Playfair, Lusk, Thomas, Mundé, McDonald, Dewees, Skene, and various others, unite in saying the womb should be emptied of its contents. Playfair says as long as the placenta and membranes remain in utero the patient can never be considered safe. Dr. Priestley strongly insists on the importance of removing the secundines as soon as possible, and Playfair adds, "without doubt this should be done when feasible;" but I quote this not for the benefit of Dr. W., who says that "no gynæcologist, however eminent, should speak with authority on the subject in hand." From this we conceive that we should consult some country practitioner, necessarily more or less obscure, rather than men like Playfair and Priestley, who, doubtless, have more cases of retained placenta in one year than such country practitioner has in twenty.

Dr. Young is accused of personal invective ("why beholdest thou the mote that is in thy brother's eye, and considerest not the beam that is in thine own eye"), he is condemned for the "embryonic manner in which he parades a single case in practice."

Are we to conclude that one should wait for several cases? Was it not a little strange after this to find the request that Dr. Young should read the single case reported by Dr. Burchard?

If, as is quoted from Brannan, the majority of the cases will take care of themselves, shall we allow the minority to die when they might be so easily saved? Although Dr. Young is railed at for letting his patient die, he urges him to still pursue the expectant plan.

Dr. W. also writes that "in the very next case Dr. Young half kills a poor woman, trying with a curette to dredge the uterus of perhaps an adherent placenta." Dr. W. must have read between the lines, for although I have carefully re-read the instructive article in question, I find nothing of the sort. On the contrary, Dr. Young empties the womb with the hand, except in neglected cases where the curette is necessary.

The statement that "abortion is attended with

but little risk to the mother," really needs no comment, yet I will add that Thomas says it is a great cause of uterine disease, and it is well known to every one to not infrequently produce death. I can at this instant call to mind many who have died from the effects of abortion, who would doubtless have lived had the secundines been promptly removed, but who either delayed procuring medical aid, or employed those who pursued the expectant plan until it was too late. Dr. Wessinger closes his article by saying that: "reasoning from analogy, it is reasonable to believe that the antediluvians aborted occasionally, and that they had not curettes but came out all right," and that, "from what we know of the traits of the aboriginal tribes of America, their females also miscarried occasionally and recovered again, although the curette was unkown to them." Not less is it true that the Indian squaw may go half naked while menstruating, carry heavy burdens from morning till night, or rise to labor or to travel in a day or two after parturition, and yet no evil will result.

Can it be possible that the doctor would give to delicate, civilized and refined ladies of the present day the treatment received by savages?

We will not refer the doctor to any book of authority on the subject, since he says he follows his own ideas, but would it not be better to put them in practice among these same aboriginals, to whom curettes are things unknown?

The Forceps in Natural Labor.

BY A. K. VAN HORN, M. D., YELLOW CREEK, ILLS.

There is a tendency among physicians of the present day to look upon labor as rather an abnormal, than physiological act. Hence, at the least delay, or impatience of the woman, the question of instrumental interference is considered. To this too hasty meddling with nature is due many of the maladies which, of late years, are so frequently reported as sequelæ of parturition.

If the head be dragged through a half dilated os uteri, rupture to a greater, or less extent, must too often follow, or if over an unrelaxed perineum, injury will occur to it. In a natural labor, each obstruction is overcome before another is encountered, and by a force accurately proportioned to the resistance; in an artificial labor, the retaining organ merely yields, to an unmeasured force applied outside the body, and everything must "come or break."

As a rule, the oftener an accoucheur uses the forceps, the oftener he wants to He not only takes pride in his increasing skill, but learns that he can save hours of that tiresome waiting, of which we all have had experience; where the patient peevishly begs for help, and officious friends hint that all "can't be right," as she never lingered so before. I admit it not seldom requires a large modicum of courage, and a strong sense of duty, to resist these wearing importunities, but where instruments are used merely to save time, and a little extra suffering, they are used improperly, and contrary to the future best interests of the woman.

The forceps have their sphere, and within that sphere they are potent for good; but the further they are employed outside of this limit, the more deleterious do they become. When used once in every eight cases, as a young physician lately boasted of doing, they are used unnecessarily, as my own practice well illustrates.

For twenty years past, I have resided in the country, and have officiated at about 550 accouchements. My patients have been from all grades of society, from the wealthy farmer's wife, to the poor German day-laborer's. I have had but one death, a case of puerperal convulsions in a primipara, and have lost no children that instruments could have saved. I usually carry forceps, and in that period have used them but twice, once in arrest of pains at the lower outlet, and once in failure of head to engage in the upper strait. My patients have all recovered well, nor have their confinements been followed by any unpleasant results. Hence, from my experience, I conclude, that there is a field for the forceps; but that that field is not an unbounded prairie.

Diphtheritic Membrane Discharged From the Bowels.

CASE REPORTED BY V. SINZ, M. D., TRENT, MICHIGAN.

Mr. S. M. complaining of slight soreness of the larynx commenced taking a mixture which I had previously prescribed, and which he still had in the house, consisting of a saturated aqueous solution of chlorate of potassium acidulated to taste with sulphuric acid, and then diluted with an equal bulk of glycerine. I was sent for to see him on the following day, at about 2 P. M. I found him complaining of a choking sensation and the usual symptoms of diphtheritic croup, although on examination I could not discover a membrane. I ordered twenty grains of calomel, the continuation of the mixture above referred to, in teaspoonful doses every two hours, and two grains each of quinine and pepsin, every two hours. As an external application I ordered mercurial ointment to be rubbed over the parotid glands.

Saw the case again at 10 A. M. on the next day. He had discharged a piece of thick membrane. Subjective symptoms the same as yesterday, although the choking sensation had somewhat abated. The medicine and such food as he swallowed created a burning sensation through the whole length of the œsophagus. There was much difficulty in swallowing.

Called again at 5 P. M. Found the choking sensation to be so extreme as to suggest thoughts of tracheotomy. I accordingly called in my friend Dr. Ingram, of Bailey, as counsel. After another exam

ination of the case we determined not to operate unless suffocation seemed imminent. Changed the chlorate of potassium solution for a solution of bichromate of potassium, and held ourselves in readiness for an emergency.

On my visit on the following morning I found the symptoms abated, the patient having discharged several small pieces of membrane during the night. Continued treatment and ordered an enema as a laxative. The symptoms continued to improve.

On the tenth day the patient discharged, per anum, what I judged from the description given to be diphtheritic casts of the bowels. They were three in number, pipe like in shape and measured over a foot in length. The length of the three pieces, as estimated by several parties who examined them, was between four and five feet. Unfortunately I did not see or have an opportunity to examine this membrane, the patient having so much improved that there was an interval of three days between its passage and my next visit. The description of the membrane was, however, clear and the testimony trustworthy.

The soreness gradually disappeared, food was better tolerated and convalescence went on to complete recovery.

Notes on Three Cases of Puerperal Eclampsia.

BY SETH HART, M. D, HARMAR, OHIO.

In response to the request of Dr. Cyrus Kay, in the AGE of 25th ult., I submit the following few notes on three cases, selecting them because of the clearness with which I recall them, from the very few which occurred in the several thousands of accouchements which I have attended in the fifty-nine years in which I have been engaged in practice:

In November, 1851, I was called one evening to see Mrs. Breckendridge, whom I found on my arrival, suffering from a severe headache, and having pains of such a nature as to indicate that her confinement was nigh at hand. I bled her, taking about a quart of blood, and gave her some relief as to her headache. At about 4 P. M., when in the midst of a labor pain, she was seized with a violent convulsion, which lasted three or four minutes. I administered chloroform, which seemed to afford some relief, but the convulsion recurred shortly, and was closely followed by a third. I then bled again, taking another quart. Labor progressed nicely, and in about an hour after the last bleeding, the child was born. A singular circumstance in connection with this case was the occurrence of blindness at parturition. This continued for a year when the woman again became pregnant. She went on to full term, and was not only delivered without accident, but her sight returned after the confinement.

On November 20, 1859, in the morning I was sent for to attend Mrs. Uhl. Found her suffering from violent headache. Pains were not strong, but I convinced myself that they were true labor pains. I abstracted blood freely and gave ergot. Labor progressed nicely, and the child was born between eleven and twelve o'clock, A. M. Just before the final throes of labor a convulsion occurred. I gave chloroform to full anæsthesia, but this did not prevent the occurrence of four or five more fits after the delivery. I bled the patient again freely, after which there was no further occurrence of the convulsions.

April 18, 1884, I was called in consultation to see Mrs. L. Ryan, who was in her eighth month of pregnancy, and who had three violent convulsions. We bled her as soon as possible and until the bystander thought she would bleed to death—over two quarts having been abstracted. She had no more fits, but went on to full term and was safely delivered.

Note on the Treatment of Puerperal Convulsions.

BY A. R. LAW, M D., BELMONT, WISCONSIN.

In reply to Dr. Kay, of Herkimer, N. Y., in the AGE of May 25, I will give a very brief outline of my treatment of puerperal eclampsia. Although opposed to routine treatment, I depend almost entirely on these remedies, viz: Phlebotomy, chloroform and delivery, as follows: Where plethora exists, which is plainly indicated by a bounding pulse and flushed countenance, I use the lancet promptly and freely—to syncope in most cases—and repeat if necessary, the attendant being the best judge in each individual case. As soon as I have the circulation equalized, by the sufficient extraction of blood, I begin giving chloroform or ether, and bring the system pretty profoundly under its influence—to unconsciousness, usually—and then, as soon as possible after the os is sufficiently dilated, I empty the uterus of its contents. If the head is high up in the pelvic cavity, say at the superior strait, I adopt version as the best means; but, if low down, I always use the forceps. Certainly, in all cases, if possible, ascertain the cause of the convulsions, and remove it at once, *e. g.*, overloaded stomach or bowels, indigestible food, etc. In addition to the foregoing, many auxiliaries in the treatment of each case will suggest themselves to the attending physician, but, in a pretty extensive practice of 15 years, in which I have had seven cases, I have had the good fortune to not lose a mother nor a child, that had arrived at full term, two of the cases being, one at the fifth and another at nearly the seventh month of gestation. Although I have had such good success with the foregoing method of treatment, I don't wish it to be understood that I think it will cure all cases; for I am aware that quite a number will baffle the best skill and treatment. I, however, consider the percentage of deaths, as stated by some authorities, as altogether too high, and in conclusion, I will say that I consider the practitioner that never meets with a case, a fortunate man indeed.

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Summer Complaint.—The question of summer complaint is again one of seasonable interest, and although there has been nothing particularly new developed since the last season, it is, nevertheless profitable for the practical physician to review the literature of a disease at the beginning of seasons in which it is most liable to occur. Our attention has been particularly attracted by two recent articles on the subject—the first by Dr. J. Lewis Smith, who, as an authority in pædiatrics, requires no introduction to the medical profession of this country; and the second by Dr. D. Little. Dr. Smith's paper was read before the meeting of the Medical Association of the County of New York, and Dr. Little's appeared in the American Journal of Obstetrics. Dr. Smith discusses, as the two chief factors in the causation of summer complaint, or cholera infantum, atmospheric conditions and dietetic causes. The atmosphere of cities in the months of June, July, August and September seems, from statistics: to be particularly baneful to children under two years of age. Thus in the year of 1882, the deaths in the city of New York from diarrhœal diseases in children, were as follows:

From January, to May, inclusive the average monthly mortality was 55; in June there was a sudden increase to 231, which number was increased nearly five-fold (to 1053) in July; falling again in August to 877, and in September to 382; the deaths in October were 195; in November, 68, and in December they had fallen to 35. The New York Board of Health, up to and including the year 1875, issued annual reports, since which time weekly reports have been issued, and have not been summarized. During the years 1873, 1874, and 1875, the death-rate from diarrhœal diseases in children, corresponded very closely to that as given for the year 1882 In those three years there occurred altogether 9,855 deaths from diarrhœa, and all of these with the exception of 1,407, occurred in children under five years of age, and 9,035 of them occurred during the months of June, July, August and September. The same general facts were true in regard to other cities in the United States and Europe, although in many of them the proportionate mortality was not so great. In country towns and villages, and in the rural districts generally, on the other hand, cases of diarrhœal disease occurred comparatively rarely and were usually of a mild type. It is thus evident that the effect of an elevated temperature is to load the atmosphere with a poison which is particularly deleterious to infants. The nature of this substance has not been accurately determined. A bacillus of cholera infantum has been discovered, but whether it is a causative agent or merely an incidental concomitant, is still an open question. Dr. Smith referred to the presence in the atmosphere of large cities during the summer months of gaseous combinations which are supposed to have a purgative effect, and among the most active chemical combinations in this respect are the sulphates. In all large cities solid impurities are very numerous in the atmosphere, as may be seen by observing the air lighted up by a pencil of sunlight, and this contamination accounts, in a great part, for the hazy cloud that can generally be seen hanging over towns and cities. In the present state of our knowledge, we are obliged to be content in saying that impure air is one of the great causes of infantile diarrhœa, and that this impurity is the direct result of an elevated temperature on organic matter.

In regard to diet, Dr. Smith held that the mode of

feeding is an important element in the causation of diarrhœa. Among tenement-house population one great trouble is that young children are given fruit and ordinary table food, and hence during the summer, when infants are no longer nursing at the breast, the occurrence of diarrhœal affections is most common. Occasionally, too, the health and habits of the nursing mother are such as to cause such a deterioration of the milk (containing cholesterine) as to make it disagree with the nursling. A quiet life, devoid of active excitement, is essential to the proper performance of lactation. The lacteal secretion is particularly susceptible to disturbing influences on the mother, and one observer has demonstrated that venereal excesses on the part of the wet nurse are very apt to cause fatal diarrhœa in infants at the breast.

The proper diet for the child under 15 months of age, is the mother's milk. After being taken from the breast cow's milk is the best diet, as it also is for children who are artificially fed. It is, of course, implied that the cow's milk shall be pure and not contaminated through improper feeding of the animal, nor injured through improper care after it has left the udder. The handling of milk in cities is extremely apt to spoil it, the carting of it through the streets in hot weather favoring the formation of lactic acid.

The great objection to even the best quality of cow's milk is the fact of its liability to coagulate into a firm clot in the child's stomach. This coagulation is due to the excess of casein, and many devices have been suggested for preventing it. Among these lime-water, from its property of maintaining the alkalinity of the milk, has long been in vogue. There are few practitioners, however, who have not had occasion to be disappointed with its action. Latterly this great objection to the use of cow's milk, has been very effectually overcome, through the administration of some peptonizing agent. The most efficient agent to this end is pancreatic extract. Added to the milk, this substance effectually peptonizes it and causes the casein when it coagulates, to form delicate flakes similar to that of mother's milk, instead of a hard mass into which it otherwise coagulates. Dr. Smith's formula for preparing digestible cow's milk is as follows :

℞ Pancreatic extract..... 5 grains.
Bi-carbonate of sodium..10 grains.

Dissolve in one gill of warm water.

This solution is gradually added to one pint of cow's milk. The liquid should be tasted frequently during the course of preparation, and as soon as it becomes in the slightest degree bitter, the peptonizing should be arrested. This can be done either by heat or by placing the milk on ice. The latter method is the preferable one, as the cold only suspends the process of peptonization, which it is desirable shall be renewed in the child's stomach, while the application of sufficient heat to arrest it has the effect of destroying the ferment. Of this peptonized cow's milk, one part to three parts of water should be used, for a child under one month; one part to two parts of water, for a child under three months; and the dilution of from one third to one quarter water, for a child of six months.

Dr. Smith's plan for treating summer complaint in children may be summarized as follows: First, give the child the best available food; second, supply it with pure air; third, aid its digestion; fourth, use such medicinal agents as can be safely employed to check the diarrhœa.

Dr. Little, in his article, lays great stress on the causative influence of over-feeding. It is a difficult matter to make parents and nurses understand that it is not the best thing to feed a child every time it cries. If, instead of giving the child the bottle every time it cries, it were given pure water to quench its thirst, much of the summer complaint, which is so fatal, would be avoided.

Cholera in Europe.—All doubts touching the nature of the outbreak at Toulon and Marseilles, France, have been set at rest by the investigation of Koch, who, fresh from the home of cholera in the east, has discovered in the victims of the disease which has made its appearance in western Europe, the distinctive microbes of the Asiatic scourge. Very naturally the authorities endeavored for a time to banish the suspicion aroused by the symptoms of the disease on its outbreak in France, and to trace the affection to some local cause. It is a matter, however, in which not a single city, nor a single country, but the whole continent, and, indeed, the whole globe is interested, for in the nidus of a single case there exists in these times of close inter-communication, the possibility of the extinction of innumerable lives, and in the remotest lands. As soon, therefore, as the knowledge of several fatal cases of this unusual disease became bruited abroad, the attention of the civilized world was centred on the unfortunate cities attacked, and the delusive hope which these had cherished, has been shattered by the opinions of experts. Unfortunately, however, the discovery of the true nature of the disease was too long delayed for such preventive measures against its spread, as might have existed in a rigid quarantine. The mortality record shows an increasing number of cases. At Toulon, where the first fatal case occurred on the 14th ult., there has been a steady increase in the number of fatal cases, until for several days prior to the 9th inst. the daily death-rate has averaged ten. At Marseilles the first appearance was on the 29th ult., when two deaths occurred. Within a week there were from fifteen to twenty fatal cases daily. Koch has given it as his opinion that the spread of the disease to Germany and throughout Europe is inevitable. Already it has reached Nice, Italy, and the duchy of Baden and its steady spread, perhaps to America during the next three months, must be looked upon as assured.

In view of the above facts the obligation imposed

on the medical profession, both in their individual capacity and as members of Boards of Health, is very obvious. We know but little of the nature of cholera, that is of its immediate cause. While the discovery of its specific microbe (if it really has been discovered) has in it the possibility of great things in the direction of prophylaxis and therapeutics, this possibility remains to be developed. Any practical benefit which may come therefrom will probably not appear in time to be of service in the present emergency. Among the little which we know of the disease is the fact that, if not originating in filth, the specific cause is nurtured by uncleanliness, and developes to its greatest intensity in unsanitary conditions. With the case of Memphis, and its experience with yellow fever before them, the people of this country need no argument to convince them of the prophylactic power of sanitation. It devolves on the profession, however, to stimulate the people to their duty in the premises, to arouse them from any apathy which may afflict them, and to take the initiation in vigorous sanitary reform. Convince the people that cleanliness in their surroundings and personal hygiene will rob cholera of its danger, and you fortify them against that fear which predisposes to attack, should the disease unfortunately be transported to our shores.

THE NUMBER SEVEN.—"Six days shalt thou labor and do all thy work, and on the seventh day rest from thy labors." Probably from the day this command was first uttered there has attached to the number seven something of mystic virtue. In our day there is a very popular belief that "things go by sevens," and the seventh son of a seventh son is believed by a very large proportion of the people, as we find them, to be vested with some power to heal, which is not vouchsafed to the general run of mortals, no matter how they may seek to prepare themselves by improving all the advantages of the present "advanced standard of medical education." Hippocrates believed there was "luck in sevens," and he, like Shakespeare, divided the life of man into seven stages, holding that the number seven is the fountain of all the changes in life. For instance, the teeth appear in the seventh month or sooner, and are shed and renewed in the seventh year, when infancy is fully changed into childhood. At twice seven years puberty begins. At three times seven the adolescent faculties are developed, manhood commences, and men become legally competent to complete civil acts. At four times seven man is in full possession of all his strength. At five times seven he is fitted for all the business of the world. At six times seven he becomes wise, if ever. At seven times seven he is in his apogee, and from that time decays. At eight times seven he is in his first climacteric. At nine times seven he is in his last or grand climacteric, and at ten times seven he has approached the normal period of life.

There are some remarkable septenary coincidences in the discharge of physiological functions, and in disease processes. The human female menstruates in four times seven days, and in forty times seven days she gives birth to her child. The period of gestation in animals is, in many if not in all instances, a multiple of seven. In the dog it is nine times seven days; in the cat, eight times seven; in the fox, six times seven. The common hen sits on her eggs three times seven days; the duck and goose, four times seven; the crow, three times seven; the swan, six times seven; the peacock, four times seven; the canary and pigeon, twice seven. Bees hatch out in three times seven days Fever and ague has a tendency to terminate spontaneously after the 7th, 14th and 21st paroxysms. Relapsing fever is a disease of seven days' duration. Typhoid fever lasts three times seven days. The incubation of measles is twice seven days, and the disease itself lasts seven days—three days of catarrh and four of eruption—before it declines. Scarlet fever and erysipelas occupy seven days. Small-pox requires twice seven days—from the time of the appearance of the primary fever and the full development of the eruption, seven days, and in seven days more the whole crop of pustules has been converted into desiccated scabs.

Truly, there is something wonderful about the number seven.

ON OPENING AND DRAINAGE OF ABSCESS CAVITIES IN THE BRAIN.—The antiseptic method of operating and after-treatment has not, as yet, been fully tested in operations upon the brain. This is natural, for not only have we inherited a just dread of dealing with an organ, the large majority of whose diseases are dangerous or fatal, but our knowledge of the physiological functions of the brain and of their pathological modifications being extremely limited, we are not in a position to form such an accurate diagnosis as calls for surgical interference. Drs. Christian Fenger and E. W. Lee, of Chicago, in an extremely interesting paper on this subject in the July number of *The American Journal of the Medical Sciences*, consider the treatment of traumatic cerebral abscess, and report a case which was successfully treated by opening and drainage.

Bergman, in discussing the treatment of cerebral abscess, unhesitatingly sets it down as an axiom that wherever there is an accumulation of pus, trephining is most clearly and indubitably indicated, for the opening of an abscess in the brain is as necessary as in any other part of the body, and, we would add, even more so. A correct diagnosis of abscess having been made, the further difficulty presents itself of locating it with sufficient accuracy, so as to be able to find it. A number of cases are on record, in which a correct diagnosis had been made, the trephine also put on more or less at the right place, and the knife or trocar being passed into the brain, nevertheless missed the abscess. Drs. Fenger and Lee show by their case, that this difficulty can be obviated by multiple exploratory

aspirations, performed at interstices sufficiently small to prevent any abscess from escaping detection, even if the trephine opening should not have been made at the point of the skull nearest the abscess.

There are on record a large number of cases of cerebral abscess, in which trephining was performed, pus evacuated, and temporary relief obtained; but later relapse followed, and a fatal termination ensued. It is possible, judging from the success the practice has met with in the treatment of abscesses in other situations, that drainage of the cerebral abscess-cavity, with or without washing out, would have saved some of these cases, by preventing the re-accumulation of pus and the continuous infection of the surrounding brain tissue, the acute œdema of which is well known to be, as a rule, the final cause of death. As far as Drs. Fenger and Lee are aware, draining and washing out of cerebral abscess-cavities has heretofore not been tried; that it can be effected and without any detriment to the patient, is shown by their case, the treatment of which they hold strictly conforms to the rational methods of modern surgery in treating abscesses in general; and because of this, and not because their patient recovered, they regard the case as answering affirmatively the question: Is it probable that abscesses in the brain can be treated advantageously on the same principles as abscesses in other parts of the body ?

Doctors' Mistakes.—At the recent meeting of the Kentucky State Medical Society, a number of the members grew quite confidential, and related, when in that mood, some experiences which it is not customary to see recorded in the public prints. For instance, Dr. Stone told of a German woman, the mother of three children, whose case was pronounced to be one of simple ascites. Several physicians, among whom was a distinguished professor of surgery, saw the case, and the latter used the sound and speculum to verify his diagnosis, preparatory to the operation which he contemplated performing for the removal of the left ovary. The manipulation excited some contractions of the uterus, during which a large clot of blood was expelled. After these symptoms passed away, an able obstetrician and professor, and an author of national reputation, was called in, with a view to making the diagnosis doubly sure. He, too, examined with sound and speculum, and diagnosed the existence of two tumors, one the enlarged and sub-involuted uterus, the other of doubtful character, probably cystic, developed within the broad ligament. The sound, when withdrawn, as in the previous examinations, was covered with blood, and pains came on soon afterwards. In fifteen minutes, a clot of blood and three pints of water passed from her vagina, and a few hours later the woman gave birth to a six and a half months' child, which lived till morning and died.

Dr. Yandell, of Louisville, related several experiences which, recorded in detail, would make quite as interesting a report as that by Dr. Stone. He knew of two or three such cases as that reported by the doctor. Prof. Miller and Prof. Bayliss diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterwards a woman came up from Mobile. She had a tumor. She was a widow. Parvin saw it, Miller saw it, Thomas saw it. All declared it to be a fibroid. In the fall she gave birth to a child. Dr. Y. saw a case four years ago of an enormous tumor pronounced by Parvin, Gross and other eminent men, with himself, to be a fibroid. The woman was put on muriate ammonia and ergotine. One night, after about three years of such treatment, she was seized with all the symptoms of peritonitis, collapse and shock. She was tapped, and an enormous quantity of fluid was drawn off. The cyst refilled. Dr. Yandell operated on her afterwards for its enucleation, and while the operation was as easy as it was possible to do, the woman died.

Such cases show simply that the wisest and most experienced of us make mistakes.

Rectal Etherization.—Within the past few months the method of administering the vapor of ether per rectum has been receiving some considerable attention at the medical centers. Although new to the profession at large, it appears that this method has for a long time been familiar in Copenhagen, a city containing a very considerable amount of ability, but, for some reason, apparently very much isolated from the world of medical affairs. Last spring, Dr. Yversen in accompanying M. Molliere in his rounds through the wards of the Hotel Dieu, at Lyons, asked, in the course of a conversation on the subject of etherization, whether the anæsthetic was given by inhalation or by the rectum, in the hospital. With this suggestion Molliere began to experiment on cases then under his charge, and shortly published a report of a number of cases in which this method had been employed. His method was to put some ether into a bottle which was connected with a tube leading into the rectum. This bottle being put into water of a temperature of about 130° Fah., evaporization of the ether took place, and the vapors were thus conducted into the intestines. As the result of his experience as reported, he thought that etherization per rectum prevents the period of excitation; permits the regulation of the dosage very exactly; reduces to a minimum the amount of ether needed; allows the surgeon opportunity to operate upon the face, and is more agreeable to such patients as object to and are nauseated by the odor of ether.

Subsequent experiments with this method of administering ether in this country, as also in England, have not completely justified M. Molliere's favorable opinion of it. It has been found that even although the bowels have been thoroughly evacuated, the vapor is very apt to excite a fæcal

passage during its administration. In some instances, too, a troublesome diarrhœa has been set up. Another objection lies in the fact that the ether once introduced into the intestines, remains there, to be completely absorbed, thus permitting the application of none of those preventive and curative measures which it is possible to apply in the event of accidents from the use of an anæsthetic when given by inhalation. But, notwithstanding the objections to the rectal method, which have been suggested, and others which will readily suggest themselves, this new plan will, doubtless, be found to be valuable in many cases. It will, for instance, be found very convenient in operations about the mouth, as in hare-lip, cleft palate, etc. It has sometimes been found necessary in such operations to perform tracheotomy, and to administer the anæsthetic through the tube. Such a procedure will be obviated by the new method.

Hysteria in Children.—The subject of hysteria in children has been accorded comparatively little attention, such reference to the occurrence of the disease among children in the text-books on the subject of hysteria being very superficial, at most. Dr. Forcheimer, of the Medical College of Ohio, calls attention to this fact in an article in the June number of the Archives of Pædiatrics, and dwells upon the injury which is liable to occur from neglect. He fortifies his position, that hysteria in the adult most commonly has its origin during infancy, by references to several authorities on the subject. In his experience one-third of all cases, as occurring in the adult, show nervous symptoms long before the period of puberty. Heredity is also an important factor in the etiology of this affection. Children of neuropathic parents, suffer from some form of nervous trouble, which is liable to develop later on into hysteria in its protean manifestations. Children, therefore, who manifest the slightest symptoms of nervous aberration, should receive close attention, and Dr. Forcheimer maintains that in such cases, and especially in those manifesting a hereditary taint, the effort should be to develop the body, even to the neglect of the mind, if necessary. Physical training should be the important thing to be attended to in such cases. Systematic gymnastics—riding, swimming, massage, cold sponge-baths, etc., should enter into the course for their physical culture. In such cases also, the child should be removed from its parents. Aside from the fact that one hysteric always influences another, a nervous mother has a peculiar facility in detecting symptoms in her children, which finally become realities in the minds of the patients. The child who inherits hysteria or other nervous affection, should be kept out of school, or, if sent to school at all, should be sent to a public school where there are a great many pupils, but where the hours are short. Such nervous child should not engage in the study of music. We need only examine the psychical life of some of our modern great musicians, in order to find reasons for the latter injunction. In the case of the most of our modern musical celebrities, there is some defect in the nervous system. As an adjunct to the treatment, electricity is important. A weak interrupted current should be applied daily. The sittings are not to be too long; the electricity seems to be very grateful to the patient. The diet should receive a general supervision, and medication should be of such nature as the symptoms other than those of the hysteria proper may suggest. Iron will usually be found necessary. As a palliative, but not in any way as a curative, Dr. F. holds valerian in high esteem.

Death of Dr. William Brownell.—Dr. William Brownell, who died at his home in Utica, Michigan, May 22nd, ultimo, was a typical country practitioner of the later period. After receiving a liberal education, he entered upon the study of medicine and graduated, after the prescribed course of study, from the medical department of the University of Michigan in 1852, when he settled at Utica, where he continued to reside until the date of his death. With a sound foundation in the non-practical and theoretical divisions of medicine, he devoted himself to the duties of the practitioner with such industry, intelligence, thoughtfulness and conscientiousness, as soon not only knit firm the bonds between himself and the community which he served, but attached to his opinion a high order of value. Nature had endowed him with a physique admirably adapted to the hardships of the country practice of a quarter of a century ago, in the section in which he settled. Robust of body, his mind was correspondingly virile, but although rugged as to his exterior, and somewhat taciturn, he carried within a heart gentle as a woman's and keenly responsive to the signs of either bodily or mental suffering. On the breaking out of the war of the rebellion he entered as surgeon of the second regiment of Michigan cavalry, in which capacity he served for three years. No medical officer was ever more endeared to his men, whom he attached to him by the same qualities which made him the beloved physician in civil practice.

Dr. Brownell was born at Farmington, Michigan, November 12, 1830. He was married May 10th, 1856, to Jane E. Scudder, of Jackson, Michigan, who, with two of the three children born of the union, survives him. He took a very warm interest in educational matters, and was for ten years president of the board of education of his town. He was elected to the State Legislature in 1856, and re-elected in 1860, after which he took no prominent part in politics. Although attaching himself to no church and endorsing no creed, he was a man of deep religious convictions. He was a Christian in the essentials of Christianity, without a trace of religionism—an

honest, conscientious, charitable, patriotic citizen, and a physician devoted to his calling.

"He was formed on the good old plan,
A true and brave and downright honest man;
He blew no trumpet in the market place,
Nor in the church with hypocritic face
Supplied with cant the lack of Christian grace;
Loathing pretense, he did with cheerful will
What others talked of while their hands were still."

MEDICAL EDUCATION.—The Chicago Medical Society has lately been devoting considerable of its attention to the subject of the regulation of medical practice in the state of Illinois, and a committee, recently appointed to place the matter in shape for consideration, has just made its report. We are particularly interested in that portion of it which is devoted to the consideration of the qualifications which should determine the conferring of the degree of the doctorate. The committee hold that no degree of the doctor of medicine should be deemed valid, if conferred by any medical college on any one who shall not have been previously examined, as to his general education, by a committee of the medical society of the school of practice which said student proposes to follow. They believe also that no medical college should hereafter be incorporated, unless it have an endowment fund, of not less than $150,000 free of all claims. They further believe that no person should be permitted to enter upon the practice of medicine, unless he has been previously examined by a board of seven examiners on anatomy, physiology, chemistry, obstetries, gynæcology, surgery, practice of medicine, hygiene, state medicine, psychiatry, therapeutics, materia medica and pharmacy. This board of examiners should be chosen from the various schools of medicine, in proportion to the number of practitioners of each school.

It is somewhat interesting, in view of the systematic method which the well-organized board of health of the state of Illinois have adopted and vigorously proseeuted, for the regulation of the practice of medicine in that state, to thus note the fact that the results of present efforts are not wholly satisfactory to the profession. In our opinion, all attempts at advancing the standard of the profession and properly protecting the practitioners of medicine and the public alike, must be based upon an entire separation of the teaching from the licensing bodies. The mere possession of a diploma from the vast majority of the medical schools of this country, is no guaranty of the fitness of the possessor. The stigma which attaches to the practitioners of medicine in this country, will never be removed until the adoption of some governmental plan of restricting the medical schools in their present prerogative of flooding the country with diplomas, which, rather than representing any degree of ability on the part of the possessor, merely indicate his ability to pay the required fee.

DR. MACLEAN'S OFFER TO WITHDRAW FROM THE STATE MEDICAL ASSOCIATION.—Editor the MEDICAL AGE, Sir: If the mysterious, enigmatical sentence with which your correspondent's brief sketch of the late meeting of the State Medical Association closes,* has any referenee to the frivolous and self-contradicting rumors about "beardless boys from Ann Arbor," and "Michigan Central Railroad passes," or if it is intended to refer in *any way* to me or my friends in the Association, I desire to say, once for all, that I have in my possession, open to your inspection or that of *anyone* who feels interested, the most unanswerable and convincing testimony, (*a huge mass of it,*) to prove that, so far as we are concerned, any such insinuation is *untrue, unjust and absurd.*

I am in a position to prove that no means were employed *on our part*, for the eleetion of president, except such as were in every particular, and in all respects, consistent with the strictest principles of honor and honesty. If reputable testimony can be produced to contradiet or dispute these averments, or to show that my election was other than the calm, deliberate, free, and independent aet of the Association, I hereby declare, in all sincerity, that I stand ready, on the produetion of such testimony, to resign the office of president, and to withdraw altogether from the Asseciation. The meeting this year will be remembered as the most numerously attended, as well as the most congenial and suecessful, in the history of the Association up to the present time.

It has seemed to me unfair and intolerable, that those whose presence and efforts combined to secure such a profitable and honorable professional gathering, should be permitted to rest under any undeserved stigma whatever.

It is a matter of justiee to the Association, as a whole, and in the hope of maintaining and increasing the spirit of peace and harmony which prevailed this year, rather than as a defense of any individual or faetion, that I have ventured to present the foregoing matter-of-fact statement.

Yours etc.,
DONALD MACLEAN.

ANTI-VIVISECTION IN ENGLAND.—In season and out of season the anti-vivisectionists of England, and their fellow-fanatics, the anti-vaccinationists, are at work, endeavoring to make proselytes to their cause. Doubtless their persistent efforts, not being counteracted by arguments on the other side, have created a very widespread feeling against vivisection and vaccination among the laity. It is gratifying, however, to know that among those who think, there are some who are not deceived by their specious agruments. Notably, among these, is George Augustus Sala, the renowned English editor. In a recent issue of the Illustrated London News,

*"In regard to the means employed for the election of President, the less said the better."—MEDICAL AGE, June 25th, 1884.

Mr. Sala replies to a circular sent him, inviting him to be present at a meeting of the supporters of the Anti-vivisectionist Society, as follows:

"I will say naught against vivisection, because I never yet met with a cruel doctor, and because I firmly believe medical men to be among the most humane, the most generous, the most unselfish of mankind, and I indignantly denounce the imputation that there are any members of a noble, a high-minded and a beneficent profession who, actuated by no more exalted motives than their greed after the 'hidden things of the life of the flesh,' confessedly, and without compunction, torture dumb animals. The medical man practices vivisection (with the smallest possible infliction of pain on the animal vivisected) not because he is selfishly greedy after the 'hidden things of the life of the flesh,' but because he wants to find out what is the matter with *you*, verbose sir, or sentimental madam; because he is striving his utmost to devise means for saving *you* from misery and anguish: for mitigating the agonies of the ills that rack the joints or fire the veins, or that 'in the deeper vitals rage.' He is no worshipper of knowledge as of an idol. He tries during his whloe laborious life to learn more and more, in order that he may console and relieve and preserve suffering humanity."

ALBUMEN OR ALBUMIN.—The orthography of our note on the significance of albumin in the urine, in our last, has called forth some inquiries, which we take this opportunity to answer. Albumen, which is the Latin for white of egg, has been the recognized orthography of the name given the chief proteid body, or nitrogenous principle entering into the composition of the body, although when the word is made the root for the formation of an adjective, the terminal syllable is spelled with an "i". Why the word as applied to a principle of the body should terminate in *en*, while all the other principles, *e. g.*, fibrin, gelatin, hæmatin, casein, myosin, globulin, etc., terminate in *in*, has never been satisfactorily explained. Albumen, the white of egg, is certainly not identical with the principle to which the same name has been given which constitutes so large a proportion of the circulating fluids. The white of egg has that principle as its chief part, but it also comprises constituents which are not found in pure albumin, using the word as it designates the nitrogenous principle referred to. This incongruity has long been recognized, and German physiologists have for some time been endeavoring to correct it, by calling the nitrogenous principle of the blood albumin, instead of "eiweiss," white of egg, for which the Latin synonym is albumen. Foster and Power, leading English physiologists, have adopted albumin in place of albumen, and in this country several prominent writers have followed suit. We would by no means urge the fact that certain European writers had changed their spelling, as a sufficient reason why we should change ours, but since albumen (the white of egg), is not albumen (the proximate principle), there would seem to be a sufficient reason why a proper name should be substituted, and it would seem desirable that the termination of that name conform with the terminology of the names of the other principles.

RETAINED PLACENTA.—Dr. Theophilus Parvin, of Philadelphia, in the report of his service in the Philadelphia Hospital, recently read before the County Medical Society, has something to say on the subject of the treatment of the placenta, which will have a peculiar interest for those of our readers who have followed the discussion of the subject of the retained placenta, in the recent numbers of this journal. Dr. Parvin maintains that as long as the placenta is wholly attached, hemorrhage is impossible, the placenta being, while such attachment exists, a living structure and within the uterus. By tearing it loose or rupturing its substance, the floodgates are opened, which, unless closed by nature's styptic, a clot, let out the life of the woman. It is, therefore, the safest plan of procedure for the obstetrician to restrain from active interference in cases of attached placenta, unless existing hemorrhage calls for interference. A completely adherent placenta is not so dangerous as the intra-uterine use of the hand for its detachment. It will be seen that Dr. Parvin and "Old Practitioner," in the last number of the AGE, agree very fully in this matter, and this is a subject in which it will probably pay to be conservative.

THE GYNÆCOLOGIST AND HIS VICTIM.—The gynæcologist has of late years been the butt for numerous sallies, but that by Dr. Clifford Allbutt is one of the most severe, and it is none the less severe because it is fraught with a certain modicum of truth. He says: "A neuralgic woman is either told that she is hysterical or that it is all uterus. In the first case she is comparatively fortunate, for she is only slighted; in the second she is entangled in the net of the gynæcologist, who finds her uterus, like her nose, a little on one side; or, again, like that organ, is running a little, or is as flabby as her biceps, so that the unhappy viscus is impaled on a stem, or perched upon a prop, or is painted with carbolic acid every week in the year, except during the long vacation when the gynæcologist is grouse-shooting, salmon catching, or leading the fashion in the Upper Engadine. Her mind thus fastened to a more or less nasty mystery, becomes newly apprehensive and physically introspective, and the morbid chains are riveted more strongly than ever. Arraign the uterus and you fix in woman the arrow of hypochondria, it may be for life."

HYPERIDROSIS OF THE SOLES.—Dr. Louis A. Duhring, of the University hospital, of Philadelphia, advised the use of the following in the case of a young man 25 years of age, who presented himself

with such an extreme case of hyperidrosis of the feet, that the skin was thoroughly macerated and emitted the characteristic offensive odor:

℞ Zinci oleati.....2 drachms.
Amyli
Talci, ää.....3 drachms.
M. Sig. Dusting powder.

This was to be applied freely to the feet, after they had been freely washed with a lotion of the tincture of belladonna. The stockings should be thoroughly dusted with the powder before being drawn on.

The Archives of Pædiatrics, started last January, felicitated itself in its initial number that it was the only medical journal in the English language published without advertisements, and exclusively in the interests of pædiatrics. But six short months have sped, and already it has, in the language of the street, come down off its perch. Among its other "ads." it has, moreover, one containing a huge cut (almost life size) of a vaginal syringe, *in situ*. This syringe bases its claims to superiority on the fact that it thoroughly irrigates the vagina, and by means of a "novel bulb causes no fluid to be left, as is so apt to happen with the ordinary bulb." It would puzzle any one but a Malthusian to discover wherein the advertisement of such a device is "exclusively in the interests of pædiatrics."

The Medical World, of Philadelphia, whose subscription list ever since it was first established, about a year and a half ago, has grown so rapidly as to exhaust its supply of back numbers and to tax the clerical force of the office to keep up with it, is now out with a Urinalysis Chart, which it offers as a premium to new subscribers. The chart is a good one, having been designed and prepared by Louis Lewis, M. P., M. R. C. S., England. Hung up in a doctor's office it will be convenient for reference. This further inducement to subscribers should start another big boom on behalf of our enterprising and highly deserving contemporary.

A decoction of quassia applied to mosquito bites, is said to be an excellent remedy for the itching and irritation. It is also said to prevent the insects from biting, when applied to exposed parts of the body. Will some reader, who is just departing on his vacation, during which he will sit at the feet Isaak Walton, please put the remedy to the test and report to us forthwith ? We should like to hear from him on or before August 1, when, if the report is favorable, we shall equip ourselves with a supply of quassia.

A correspondent writes: "Dr. J. H. Wessinger states in the AGE of May 25th, giving the N. Y. Medical Journal, September 1852, as his authority, that the first amputation at the hip joint in the United States was by Dr. Badley in 1814. This is, probably, an error, as Dr. Gross, in his Medical Biography, says the operation was first performed in this country by Dr. Brashear, of Bardstown, Ky., in "the early part of the century." Although the exact year is not mentioned, I infer, from the context, that it was about 1805."

A local paper says that the two worst quacks in in this country have left this city and settled in a city in the interior of the state. While sympathizing with the citizens of that afflicted city, their affliction is not as sore as it might have been. They have not deprived us of the crême de la crême of our quacks. In the struggle for existence it is always the weaker who are squeezed out. It is those quacks who are the greatest adepts in their peculiar methods who survive. Sometimes, however, the fate of the Kilkenny cats is repeated.

The following aphorism by Dr. Flint, will be endorsed by all practical, observant physicians: Active measures of treatment are only to be employed when they are clearly indicated. The severity of the disease, and the danger of the patient, be they ever so great, are not of themselves sufficient reasons for the employment of active measures. If they are not properly directed they will do harm. The physician who does not clearly see his way had better do nothing.

"I called to thank you doctor, for the medicine I got of you last week," said an elated young man to a pompous quack. "Ah, indeed; I was sure it would help you. How much of it did you find it necessary to take to effect a cure?" "Oh, I didn't take any of it myself. It was for my uncle. He died two days after he commenced taking it, and I am his legatee."

The classical editor of the Southern Clinic advocates the use of the Latin only, in prescription writing. He, therefore, in prescribing Allcock's porous plaster, would write: ℞ Omnis penis emplastrum perforata.

A local paper, in giving the usual graphic account of an accident which befell a hod-carrier, wound up by stating that "Dr. B. was called in, but no disastrous results had followed up to the time of our going to press."

Electricity as an Etiological Factor in Disease.

BY DAVID W. FLORA, M. D., NEWAYGO, MICH.

The article from Dr. J. Hoke, of Illinois, on the "Etiology of Intermittent Fever," calls to my mind a discussion, in the Chicago Medical Examiner, on the "Causes of Asiatic Cholera." My article appeared in the August number, 1866, in answer to an article of Dr. Thos. L. Wright, of Bellefontaine, Ohio, in which he claimed, "that the cause of cholera was not of telluric origin, but that some other planet or heavenly, body in crossing the

earth's orbit, left some influence behind, imperceptible to the senses, but baleful to the health and life of mankind."

I held that special telluric influences *did* favor the rise, development and spread of cholera; for example, long-continued drouth, a high temperature, a close still atmosphere with low barometer and an absence of ozone.

This last condition I held as the most potent of all. As the presence of ozone is due to electrical activity, so its absence indicates that negative electrical condition of the atmosphere which I consider the prime cause of cholera, as Dr. Hoke regards it the real cause of intermittent fever.

I recommend this theory especially to one correspondent of the MEDICAL AGE. Dr. Halsey Wood can now be furnished with a substitute for the "bacillus malariæ," which, with such dramatic effect, he caused to be committed to the flames on the college campus at Ann Arbor. Take the conditions which are claimed to be favorable to the development of cholera, great heat, drouth, low barometer and that highly negative state of the air, all operating upon the body of a person who is suffering depression of nerve power from those surroundings, and we shall have a case of cholera as certainly as Dr. Hoke has a case of intermittent fever under his environments.

The alimentary canal or nutritive tract is the chief seat of cholera manifestations. This surface is as much under the influence of oxygen, light, heat and electricity or magnetism, as the planets on the earth's surface. Derange the relations between any of these elements and this nutritive surface and disease follows; withdraw or destroy any one and death is the result. The effect of electricity in stimulating vegetable growth, is now well known. Withdraw this agent, placing the nutritive surface in a negative state, and the functions of nutrition are retarded or entirely arrested.

The absence of electricity in the inspired oxygen is soon felt in the vaso-motor nerves, says Dr. Hoke, and, he should have added, in the entire volume of the blood itself. The inspired air being negative, and the venous blood in the same condition, the circulation in the lungs becomes sluggish and pulmonary congestion follows. But the natural attraction of the capillary system for this magnetically negative blood soon becomes feeble or suspended; also the attraction of the tissues of the body for the same. But this condition of the blood-volume cannot long continue, for the natural affinity between the solids and fluids of the blood is soon overcome, and, to use the words of Dr. Wright, "a state of energetic repulsion between the solids and fluids takes place throughout the entire structure." The liquid portion or serum is profusely thrown out upon the mucous surface or nutritive tract, constituting the terrible "rice-water" discharge only found in true cholera. Again from Dr. Wright: "the fluids reverse violently their natural course of progression, not by reason of attraction or any special contition of the bowels, but by repulsion from the general capillary or peripheral or ulterior tissues."

Speaking of cramps or convulsions and their cause, Dr. Wright again remarks: "Although the respiration may be sufficient, it is plain to see that the vital changes in the blood are not perfectly performed, because the lungs suffer from the great drainage in common with the rest of the system."

The above language is quoted to show how near a man may come to the truth and miss it; his facts all right, his deductions all wrong. As long as expiration and inspiration go on, the blood must continue to receive its due amount of oxygen, and even by artificial respiration the blood may be oxygenated, as instanced in strangulation, narcotism, etc. No, the true reason of imperfect aeration and of the repulsion between the solids and fluids of the blood is a *negative electrical condition of the inspired air*. This, together with the negative electrical condition in the lung capillaries and surface capillaries of the body, is the cause of the general inertia in the vascular system. Both blood and capillaries being negatively magnetic, repel each other. The quality of the blood soon becomes so changed and vitiated that it acts as an irritant to the muscular tissue, then upon the nerve centres and brain, causing cramps, reflex or general convulsions, finally coma and death.

But, it may be pertinently asked, "why do not all become victims of cholera or intermittent fever who happen to be placed under the negative electrical conditions which yourself and Dr. Hoke have described?" I assert as a fact beyond dispute, that there is a certain amount of nervous energy natural to each personal organization, developed in health within certain periods—no more, no less. This answers the question why all persons do not succumb to cholera or intermittent fever, while under the above conditions. It is the absence of nervous energy which predisposes to the diseases just named.

Fear or terror acts as a powerful predisposing cause in cholera epidemics. In the year 1850 a small village in Southern Ohio was decimated by cholera. Terror seized upon the relatives of the first victims, and those who could not flee from the pestilence became an easy and speedy prey. They lost all appetite through dread, neglected the most obvious hygienic and prophylactic means. Tremblingly they nibbled a little stale bread and butter, with a little salt fish, and sipped a little tea.

Fresh meats, together with vegetables and fruits, so proper in their season, were all discarded. Closing my school, I entered the corps of nurses, and stayed through the period of cholera visitation—about six weeks. As nurses we made as little change as possible in our diet and way of living, ate fresh meat, fruits and vegetables, and endeavored to maintain a cheerful disposition. It was a noted fact that not one of the regular corps of nurses succumbed to the disease. Suddenly, during the third week of the scourge, we were visited by a violent thunderstorm. This was in July, the weather

previously having been hot and dry. Like magic, almost, cholera disappeared. The fugitives, most of them, returned. But we were deceived. Within a week it broke out again with new virulence, and only ceased when the population was decimated. It would seem that the subsidence of the cholera the first time succeeded the thunderstorm; effect follows cause.

One instance occurred during the above epidemic which forcibly demonstrated the depressing effect of fear as predisposing to an attack of cholera:

A young man of twenty years, highly nervous, a subject of attacks precisely simulating "hysterics," became early impressed or possessed with the idea that he was predestined to be a cholera victim. His friends sent him away on the approach of cholera, but when the thunderstorm had "purified the air" he came back with the others. One morning, just after the scourge had reappeared, he arose, announced that he was stricken with cholera, retired to his bed again, and at 4 p. m., he was pronounced dead! As well as I can recall those events of nearly thirty-five years ago, there was an entire absence of the most essential symptoms of the disease. There were only two discharges from the bowels like diarrhœa —no "rice-water" evacuations, no cramps or convulsions, neither collapse with discolored surface, so constant in its victims. I believe death was caused by overpowering fear, and it may not have been death at all, but a state of suspended animation, or catalepsy!

I will instance another case where the patient, having apparently died, with the most marked and violent symptoms, was brought out of a state of collapse and coma, and made a good and speedy recovery:

In company with the minister, I met the husband of the supposed dead woman, with his little four-year-old daughter in his arms, loudly bewailing the mother's death. We found the preparations for burial well on the way, the patient already laid out. By this time the intense cyanotic hue of the surface was assuming something of nature's tint, the surface warm especially over the chest; in fact the appearance of the body generally, justified an attempt at restoration, and the minister bravely tackled this semblance of death. A warm bath of about one hundred degrees, followed by dry friction and wrapping in warm blankets, with such other means as non-professionals could command, caused the lady to sit up in bed after two or three hours and drink a cup of tea. In this case, so rapid was the disorganization of the volume of blood, the serum pouring out on or from the bowel surface, that the effectwas like that of hemorrhage, and syncope, or fainting, occurred.

In this respect the mode of death, or apparent death, was quite different from that of the young man. In his case the apparent death, for I am inclined now to believe he was not really dead, was caused by the profound impression or shock made upon the nerve centres. In such cases there is profound enervation, and galvanism promises to restore them.

In such cases as that of the lady, death seems to come by destroying the life fluid, or the blood itself. However, the difference is only in the manner of death—the cause of death being the same in both.

Diseases Due to Increased Production and Elimination of Urates and Uric Acid.

BY ORVILLE W. OWEN, M. D., DETROIT, MICH.

Physicians all acknowledge the important part taken in our animal economy by the urates. Let them be retained in the system but for a day and the whole eliminative pharmacopœia is at once called into action to bring about their normal excretion. How is it then that so little notice is taken of the opposite conditions of too great production and elimination? We may ignore this increase, but it is fruitful of evil to our patient, for this is muscle, waste in its highest activity, and is as much a disease as albuminuria or glycosuria, and will bring about pathological changes which entail years of suffering upon its victims. Text-books dismiss the urates with a page. Practitioners are prone to follow this pernicious teaching, and the combined result is not gratifying to our science. Lehmann found while living on a purely animal diet that the excretion of urea amounted to 820 grains, on a mixed diet 501 grains, and on a vegetable diet 237 grains per day. Flint gives 355 to 463 grs. urea and from six to nine grains of uric acid as normal. Dalton, 32.5 grammes urea and 0.7 grammes uric acid. Foster does not give amounts of either. Yeo gives 500 grains urea and 8 grains uric acid. All physiological text-books teach that muscular exertion increases production and elimination of urates. Pavy (Food and Dietetics, page 26 to 49) denies this and claims the increase is due to ingestion of nitrogenous foods. Hoffman and Ultzmann claim the increase of urates under the following heads: Predominant animal diet, increased febrile action, diabetes, lung and heart disease, impeded diaphragmatic movement, leucæmia and uric acid diathesis. Witthaus claims that the urates are due to oxidation of albuminoids, and, of course, are due to muscle waste.

When such doctors as these disagree, who can be perfect? That the urates play an important part in fevers is well known. Loomis calls attention to their increase in typhoid (page 34, Lectures on Fevers), also in typhus (page 227) Wilson (page 5, The Continued Fevers), under head of Simple Continued Fevers, says: "Sp. gravity of the urine is high, 1030 35, with increase of solids, and particularly of urea." The same author (page 85), noticed increase in cerebo-spinal fever, also in typhoid, (page 177 and page 276), even claims in typhus that the blood, as well as the urine, is loaded with urates.

Quain (Dictionary of Medicine) gives the best advice that I have been able to find. I quote from the article on morbid urine, page 1714: "When the percentage of urea is much above two-per-cent. it generally indicates that the patient is feverish, has been perspiring profusely, or that the quantity of water he drinks is too small. In such cases, if there is no fever or profuse perspiration, the patient should be advised to drink water freely in order to prevent the possible occurrence of rheumatic or gouty affections." Here we have it in a nut-shell, and I shall try and show the intimate relation between increased elimination of urates and the nerve, muscle, liver, and intestinal disorders.

Out of 43 cases where analysis of urine gave me increased urates, I find cholesterine in eleven; calcium oxalates in fifteen; spermatozoa in two; bile in eleven (same specimens that have the calcium oxalate, though not appearing in four where oxalates were present). In two cases diagnosed calculi (not proven) and have only one case where urates were the only symptoms found. From the foregoing I am led to believe that this increased elimination is the primary trouble, and not the secondary, and that the other abnormal ingredients are more or less dependent upon the urates. If it were not so the urates would not be the predominating symptom, but would be the tail of the kite, and not the kite itself.

Let me cite a few of the answers given by patients suffering from this disease: "Dr. I have got kidney trouble. My water burns me when it is voided. Am sore at the meatus urinarius. Pain in my back over the kidneys, it running down into my bladder. Rheumatic pains in my limbs. Water high colored, and stains the vessel yellow or red with heavy deposit. Yes, I eat meat and eggs three times a day. Yes, I walk a great deal. Ride a bicycle or do heavy work. Yes, I have got dyspepsia, have had it for a few months; noticed the pain in the back about the same time. Oh, I am always constipated, and never have a passage unless I force it by medicine or injections. Have fleeting pains which disappear whenever the urine becomes light colored. Always have a bad taste in my mouth mornings, and my tongue is coated with dark yellow fur. Am nervous. Get angry easily. Am worried about little things. Have the blues. Eyes are not in as good condition as they usually are. Have heart burn, and eructations of gas. Have headaches." An examination of the urine of such a patient will always show an enormous deposit of urates.

The difference between decreased urates and increased is clinically as follows: First, headache, gastric disturbance, decrease of urine, convulsions, coma, death. In the second, headache, irritability, nervous twitchings, rheumatism, insomnia, melancholia, gastric irritability, decreased amount of urine. A difference only in degree, and not of kind. Nervous symptoms predominate in both, but in the first, death or recovery is speedy; in the second, unless cured, years of misery and trouble are entailed upon the patient. Patients who have a large amount of urates are apt to have gravel, cystitis, calculi, and mild urethritis; also pruritis and disorders of the skin due to acid perspiration. From my own observations I am firmly convinced that seven tenths of our rheumatic troubles come from this increase, and that if taken in time we can promise our patients great relief, if not an actual cure. My treatment is based upon the clinical history of each case, and I follow this lead to the end.

Diet stands at the head, with hygienic measures as an accessory. I cut off all meats of every kind and description, and this is the fundamental treatment. Fish is allowed once or twice a week. Vegetables allowed with bread. All liquors prohibited, especially sour wines. Moderate exercise required. Sitz baths daily in hot water, patients to remain in them until perspiring freely, then to bed. Plenty of fresh air. Unlimited quantities of water, and this must be insisted on, or patients will not drink it. Rest and sleep are requisites.

Therapeutic measures are first directed to the gastro-intestinal disorders. Pepsin and mineral acids, lime juice, lemons, and tonics are exhibited. As soon as possible I commence the treatment directed to the blood, and to do this I give the following:

℞ Magnesia sulph. ..... ℥ j.
Syrup. lemon. ..... ℥ ss.
Water. ..... ℥ ij.

M. S. Teaspoonful in ¼ glass of water before meals.

℞ Quiniæ sulph. ..... gr. xxiv.
Ft. Capsule. ..... No. xii.

S. One three times a day.

The result of this treatment, combined with the diet, is usually most gratifying, and the patient improves rapidly under it. At first the complete exclusion of meats bears heavily upon the sick, but in a few weeks its loss is hardly felt or totally absent, and after the patients have broken over the rules once or twice and had a recurrence of the trouble, they will discard nitrogeneous foods of their own free will. Let me impress the rule of dietary, as this measure is of the greatest importance, and all medicines might better be dispensed with than to allow your patient to eat nitrogenous foods or take excessive exercise.

I have yet to find the case where the above treatment has failed to do its work, and I firmly believe that if the medical profession would but examine for increased production and elimination of urates, by chemical analysis of urine and fluids, with as much regularity as they do for decreased production and retention, and would base their treatment upon its pathological significance, a large proportion of rheumatic troubles and nerve disorders would be materially benefited, if a more gratifying result was not obtained, and complete cure crown the effort.

177 Griswold street.

Management of the Placenta in Premature Labor.

BY J. A. WESSINGER, M. D., PARSHALLVILLE, MICH.

After I had written a second article upon the subject in hand, I concluded to say nothing farther, either in defense of my statements in previous articles, or in answer to the statements of other writers on this question. Crude personalities, and adverse criticisms such as appeared in an article on the above named subject in the AGE for June 25th, do not merit a reply. However, for the benefit of science, I am constrained to speak again from a clinical standpoint upon the subject of the placenta in premature labor.

In October, 1880, I was requested to see a Mrs. H., æt. 25, mother of one child. Had always been quite healthy. Menstruation regular up to July previous. On examination found patient had been flowing, with now and then irregular uterine contractions. Upon digital examination, found os slightly dilated, and uterus about as large as a quart cup. I decided that my patient was suffering from threatened abortion, and accordingly ordered moderate doses of opium and hyoscyamus to prevent the miscarriage if possible. However, on my arrival the following morning I found that the uterine contents had been expelled, with the exception of the placenta. On examination I found the uterus contracted quite firmly, and the patient feeling comfortable. Temperature and pulse normal. I ordered moderate doses of ergot and quinine, and kept close watch of my patient. This line of treatment was continued until the third day after expulsion of fœtus, when placenta came away entirely and the patient made a good recovery.

Case 2. Mrs. J., æt. 35, mother of five children. On the evening of June 25th, 1883, the patient fell, at least the report was so made to me on my arrival at the bedside the following morning. On examination I found quite a severe hemorrhage and os dilated sufficiently to admit the index and middle fingers; uterine contractions quite severe. Thinking that premature labor was inevitable in this case, I assisted in dilating the os, and thus hasten delivery. As the fœtus was about to be expelled, I gave a drachm dose of fl. ex. ergot. All terminated well, except that the placenta remained in the uterus; it was, however, expelled spontaneously 24 hours after the birth of the fœtus. The patient made a good recovery.

Case 3. Mrs. C., æt. 30. Mother of one child. History of phthisis. Had an abortion about a year since. Became pregnant again in December, 1883. On the morning of June 29th I was hastily summoned to find the patient in labor, which, despite preventive treatment, resulted in the expulsion of a seven months' fœtus (still born) at 10 A. M. No abnormal symptoms, patient feeling comfortable, and uterus contracted moderately firm. There being no attempt of the uterus to expel the placenta, I administered ʒ ss. ergot, which produced moderate uterine contractions, and at 1 P. M., or three hours after the birth of the fœtus, the placenta was delivered entire without any further effort on my part. At this writing, July 3, the patient is well under way to recovery, as no untoward symptoms have presented themselves since the confinement.

Not desiring to make a clinical report tedious, I will close this article with a few remarks upon the statements made in previous numbers of the AGE on the subject in question. However, if these gentlemen of Maine and Minnesota still clamor for experience, I will give them a little more in a future number of this journal. In my first article I made the statement that "we cannot, at present, believe that immediate removal of the placeuta is *always* indicated, especially when the condition of the patient is good. Of course we do not believe that the placenta should remain in the uterine cavity, say from four to eight months without any interference." In my second article I made the statement that "in the subject of management of the placenta in abortion, I am positively in favor of an expectant plan of treatment." I did not say in every case. I think from these two statements the readers of the AGE get my idea clearly, that an expectant plan of treatment in these cases is preferable, except when a case presents adverse symptoms; then employ other means, but leave instrumental procedures entirely out.

Dr. Young in his last article says that "these cases and numberless similar ones, which the profession might report, are simply so much negative evidence of the safety or danger of leaving the placenta unremoved, and can only prove what I admitted in my former article, that 'in many cases of premature delivery and abortion, and probably in the majority, nature would take care of the secundines, so that no serious result would follow the neglect to remove them." The first part of this statement is a squinting sentence, and points both ways; and the second sentence is a clear admission that the great majority of these cases take care of themselves, and that those who do not take care of themselves are an exception. Hence the question, can an exception be a rule of practice? If the exceptional cases require a different mode of treatment, is it necessary to resort to instruments or the fingers in every case of abortion?

I think the "Old Practitioner" makes an admirable point when he says, "It is my practice to remove the placenta when such removal involves no such efforts as would be likely to inflict immediate injury to the mother. Among such efforts I rank as chief, traction on the cord, and next in rank, and crowding the leader closely, I place lacerations of the intra-uterine structure either by the curette or by the finger-nails of the accoucheur. Either of these 'instrumental' procedures is barbarous, and should under no circumstances be countenanced as legitimate obstetric operations." Dr. Smart, of Minnesota, thinks that a country practitioner should not speak on these questions because he has no exper-

ience, evidently judging others by himself. Dr. Smart also thinks that because I do not agree with him in practice, therefore I should treat nothing but aboriginals. I would say that in order to deal with that class of individuals it is necessary that I remove to Minnesota, which I am unable to do at present.

The time is at hand when a report of an ordinary, every-day experience in practice, can hardly find access to the medical journals, and if a physician, though never so successful, do not report elaborately on the discovery of some subtle micro-organism, do not report two or three cystotomies, four or five hysterectomies, seven or eight oöphorectomies, or if he do not, in some other over-labored way, destroy a batch of brain cells, as one gynæcologist has it, trying, perhaps, to educe ten or twelve commandments on something that will do just as well without them, he is stigmatized as a drone in the profession.

I am heartily in favor of progress in medicine, but I think we are too prone to forget the good things of old.

An Unusual Result of Scarlet Fever—Embolus, Gangrene, Amputation.

BY C. B. CHAPIN, M. D., EAST SAGINAW, MICH.

On Sunday, April 20, I was called to see Frank S., German, aged 12 years. I found that he had had another physician, but for some reason his parents had dismissed him. There was nothing peculiar in the case, which was quite typical. Patient had some trouble with the throat; skin was nearly ready to desquamate; temperature, 102½°; urine scanty, but free from albumen.

I continued attendance until Friday, April 25th, by which time he had made such rapid progress that I considered further attendance unnecessary, especially as the distance was considerable, and the parents, with characteristic German thrift, were unwilling to incur a large bill. When I discontinued my visits, the boy was feeling quite well, and was able to go about the house.

On Sunday following, two days after, I received a telephone message requesting me to call at once, which I did. The boy's father met me at the gate, and said that the boy's foot was "all black." Examination revealed gangrene of the right foot and lower third of leg. The toes were already dry and shriveled, while higher up, above the ankle, the characteristic grayish color, with numerous watery blebs, indicated the gravity of the situation. The line of demarcation was plain, but irregular, extending highest anteriorly. My prognosis was, of course, unfavorable, so far as the leg was concerned, and I warned the parents that amputation was inevitable. They objected, and as no harm would result from some delay, I applied heat externally and exhibited:

℞ Ext. nucis vom. gr. ii.
Quiniæ bi-sulph. gr. xv.
M ft. capsul. No. x.

M. Sig. One every two hours.

Next day, Monday, there was no change in patient's general condition; line of demarcation was more distinct, but gangrene had not extended, urine still scanty; anorexia; no pain; gave diuretics.

Tuesday, same treatment; patient was decidedly worse; pulse, 60; temperature, 97; great restlessness and low delirium; line of demarcation distinct. I increased quinine bisulph., and added alcoholic stimulants. At my request Dr. B. B. Ross was called in. I had previously talked with the Dr. about the case.

We went together, and were prepared for operative interference.

It was decided to amputate at the junction of the middle and upper thirds of the leg. Assisted by Drs. Ross and Ball, I made the operation. Dr. Ross had control of the elastic ligature above the knee. We used the Esmarch bandage. When the flaps were made, I requested Dr. R. to relax the elastic cord, in order to see what ligatures would be necessary, when, to our surprise, after the cord had been entirely removed, and the popliteal artery wide open, there was no hemorrhage.

I ligated the artery, however, together with several smaller ones, for fear of secondary results. The patient rallied nicely from the operation, but our prognosis was unfavorable, as, owing to the absence of hemorrhage, fears were entertained of further gangrene. Treatment: Stimulating saline cathartics.

Wednesday I found the stump in an œdematous condition; urine still scanty; pulse, 56; temperature slightly increased.

Thursday, little to my surprise, found gangrene in anterior flap, the posterior not being involved; patient much the same.

Friday. Gangrene in anterior flap, 2½ inches wide; line of demarcation forming; condition much the same; continued same treatment, with addition of doses of elaterium, gr. 1-30, every 3 hours.

Saturday. Treatment and condition same; gangrene stationary; line distinct.

Sunday. Still further signs of separation at line of demarcation.

Monday. Amputated at base of condyles of femur. At this operation there were more evidences of vitality in the limb. Although less hemorrhage occurred than usual, still there was some. My patient rallied from the second operation, and from that time progressed rapidly.

No further signs of gangrene developed, and two weeks later I discharged him. Have seen him once since, when he was going about with the aid of a crutch.

I have reported this case because, so far as my knowledge extends, it presents some unique features. The immediate cause of the gangrene was,

without doubt, an embolus in the popliteal artery. Just where the embolus first occurred it is hard to say, but, from my dissection of the leg, I think it must have been at the origin of the anterior tibial. So far as I know, embolism is an unheard-of sequel of scarlatina, but upon no other theory can I account for such an occurrence.

I should like very much to hear of any similar case, and hope the profession will report any such sequelæ occurring within their practice.

Corner Genesee and Franklin streets.

Cretaceous Placenta.

BY E. CHENERY, M. D., PROFESSOR OF PRACTICE AND GYNÆCOLOGY IN COLLEGE OF PHYSICIANS AND SURGEONS, OF BOSTON.

The abundant literature bearing on every phase of medicine, shows that the placenta is not infrequently involved by some form of disease. Some time since, a case of dead fœtus was expelled, followed by a placenta which appeared tough and grizzly, as though an extensive chronic hypertrophy had involved the connective tissue elements, till the circulation was so obstructed as to produce the death of the fœtus.

The placenta of a strong healthy multiparous woman was expelled at term, being much larger than normal, and fairly studded on the surface with a chalk-like substance. This infiltration did not occur in the deeper tissues. The child was fairly nourished, justifying the idea of Langhaus, that the deposit is such that it does not seriously interfere with the fœtal circulation, though it may accumulate in abundance in the tissues of the placenta. There seemed to be little or no degeneration of tissue on account of the infiltration, since the organ was of loose texture and could expand to accomodate the infiltrating deposit. Had the same amount of deposit occurred in almost any other part, the density of the tissue would have given rise to extensive atrophy of the normal structures, and consequently to much arrest of function. In case of the death of the fœtus, the location of the calcification of the placenta is, according to Fränkel, confined to the fœtal part of the placenta, while in case of the living child, Langhaus locates the seat of deposit in the small surfaces of the maternal portion of the placenta, with fine round processes extending into the depth of the fœtal placenta, without, however, reaching the fœtal surface. By this peculiarity of the location of the infiltration, the latter author explains the harmlessness of the infiltration to the growing child. If the same location of the deposit occurred before the death of the fœtus that occurs after its death, it would greatly endanger its life.

It might be a trite question to ask for the course of the calcification in the above case, though it might be difficult to answer it. The one fact in my case is, that the woman had a great hankering after raw starch, and ate many pounds of it while carrying the child. Beyond this we do not certainly know. We may conjecture, however, that there was an undue acidity of the mother's system which enabled it to hold a larger portion of earthly elements in solution, these being precipitated in the placenta by the action of the more alkaline blood of the child. This, however, is purely conjectural. We do know that some pregnant women have great acidity of the digestive tract, which rapidly dissolves and destroys the teeth. Others again suffer from rheumatism or other disease, in which there is undue acidity of the fluids. On the other hand, too much lime or chalk may be introduced into the system by water or articles of food being charged with them, and so they may come round to the placenta to be deposited by the influence of the fœtal circulation. How dead or partially dead parts may eliminate calcareous elements from the blood we can better understand, but how the living placenta should so eliminate the lime or chalk salts, is not so easy of comprehension, unless we attribute it to the influence of the fœtal circulation acting on the mother's blood, which contains an excess of the matters.

A Case of Hepatic Abscess.

BY M. W. O'BRIEN, M. D., BARNESVILLE, OHIO.

Mrs. D., æt. 29. Sanguino-nervous temperament. Had never had any serious illness until the present. Was married young, and is the mother of two children, the youngest being eight years of age. Had lived a year in a malarious section in Missouri, and on her return to Ohio had what was called "malarial fever." Following this attack her health was poor for the succeeding eight or ten months, and about the first of October last she was seized with a sharp pain in the right hypochondriac region, accompanied with an aching pain in the shoulder of the same side, general malaise, loss of appetite, constipation, etc. There was at no time jaundice. She failed rapidly, and when I saw her in April last, she was unable to eat anything without assistance; very much emaciated. Temperature 103° F, at midday. Profuse night sweats; some œdema of the feet. She was plainly in the hectic stage of a wasting disease. Pulse feeble, from 110 to 120. Morphia was being used daily to relieve pain. On examining the region of the liver, found a bulging of the side extending below the ribs, very tender, and some discoloration of the skin. The enlargement had been variously diagnosed as "cancer," "tumor," "lump," etc. From the history and appearance of the case I was satisfied there was a pus formation connected with liver. I put on large flaxseed and elm bark poultices, to be changed twice a day; gave quinine, syr. hypo. co. and wine. Stopped the morphia, and gave nourishing, easily-digested food. I visited the case a week after; found the patient more comfortable in every way. Only two night sweats since my last

visit. With a large-sized aspirator needle I evacuated the contents of the abscess, removing about x ℥ of thick creamy pus, and by the passage of a probe endeavored to keep the track of the needle well open. Continued local and constitutional treatment. Succeeding the aspiration there was a rapid improvement. Pain in the side subsided almost completely; appetite returned; sleep became natural; bowels regular; and no night-sweat was seen from this on. The lady is now able to ride around anywhere, is in good general health, and is fleshier than she has been for years. The side looks almost natural, still there is a little discharge of pus daily. The rapid improvement following the use of the aspirator was most remarkable in this case. Collapse must be guarded against in the evacuation of abscesses, or any collection of fluid from the viscera or either of the great cavities of the body. Although well fortified by stimulants and a dose of morphia, I had very troublesome syncope during the use of the aspirator. Abscess of the liver is rather a rare trouble, and of course a serious one, but if aspiration is always followed by such happy results as came to me in this case, the disease is certainly robbed of many of its terrors.

Treatment of Puerperal Eclampsia.—Removal of the Placenta.

BY GEORGE A. TROTT, M. D., FIELD'S STORE, TEXAS.

In reply to Dr. Kay's communication, permit me to give, in all humility, and deprecating beforehand the criticisms that I feel I am about to call down upon myself, a treatment of this *bête noir* of the profession, for which I ask but one fair trial:

If the patient is hyperæmic take, at once, 20 to 30 ounces of blood. Then make, with nitric acid, an eschar, as large as a silver half dollar, over each kidney, and rub the spine with a stimulant, as, for instance, menthol and chloroform. If convulsions continue, proceed at once to exhibit nitrite of amyl by inhalation, fearlessly, and, unless there is vomiting, poultice the epigastrium with tobacco. Avoid any movement of the patient or bed for any purpose more than is absolutely necessary in applying the treatment. I consider any internal exhibition of drugs worse than useless, and in this I do not stand alone. Hot water enemas I consider as useful adjuvants. I admit that this treatment is partly empirical, but in the faint light of the obscure etiology of the disease, what advantage can be claimed in this respect for that of any of the authorities on the subject? At all events, nothing succeeds like success, and it is the efficiency of this plan alone that emboldens me to come to the front.

And while here, let me say one word in regard to the placenta in abortion. It seems to me simply horrible, in this day of scientific light, to leave a mass of organic matter to rot for days, weeks, and, ye gods! even months, in as delicate and important an organ as the uterus. It is no defence of such a practice that some have survived the ordeal. And who can say that death is balked? May he not rather claim his victim through some one of the grave uterine diseases becoming so alarmingly prevalent? For God's and humanity's sake, brethren, let us not take on ourselves the risk.

A Case of Complete Paralysis with Complete Recovery.

BY B. BURKETT, M. D., WARSAW, IND.

I was called, November 23rd, 1882, to see J. C., aged 65 years. Found him completely paralyzed—unable to move a muscle of either extremity. The muscles of deglutition were involved; voice affected so much that patient at times could not speak above a whisper. He remained in this condition for five days, during which there was no electro-muscular contractility, although there was sensibility. After the lapse of several days, muscular contractility returned. There was paralysis of the sphincters of both the anus and the bladder, and consequently involuntary discharges through them. The respiratory muscles were not seriously involved. I was informed by the family that patient had received a blow on his head, from the hand of an antagonist, several months prior to the attack. The family also told me that they had observed from the day that he received the blow that he had not been "just what he had been prior to that time." At times he was inclined to be hilarious, and again at times despondent. The treatment consisted in friction with stimulating applications, electricity, ergot, strychnia, and the bromides. The contractility of the sphincters was readily restored by the direct application of electricity.

The slowness of the onset of the attack, together with the fact of the complete recovery therefrom, is sufficient to create a doubt as to the blow referred to being the cause. The patient was a man of unusual muscular activity, and had always been an inordinate worker, in the more violent fields of farm labor. Was the paralysis due to exhaustion superinduced by advancing years?

Detroit Medical and Library Association.

Regular meeting, June 2, 1884.

R. A. Jamieson, President, in the chair.

Dr. Carstens exhibited, microscopically, a section of a polypus, prepared by Dr. Duffield, and called especial attention to the columnar epithelia, and the long cilia which lined the tubules of the polypus. Dr. Carstens said that these cases were rare, but that it had been his good fortune to remove two, and he now had specimens of both. One of the polypi grew from a pedicle, the other was intimately fastened to the uterine passage.

Dr. Jamieson exhibited an interesting specimen of chronic Bright's disease. The kidney was contracted, the cortex thin and containing many cysts, one of which was as large as a marble and had extended through the cortical portion to the capsule, which was thin on the cyst, though thickened in other parts. There was a characteristic nut-meg liver. There had been chronic pulmonary disease dating back 20 years, to an attack of pneumonia, but the cause of death was Bright's disease.

Dr. Jamieson also reported a case of pharyngeal diphtheria treated with two grains of calomel every two hours, for the first twenty-four hours, and a spray of the bichloride of mercury 1:2000. He reported the membrane separating and the case progressing finely.

Dr. Flintermann reported five cases of miscarriage, occurring at different months of pregnancy:

1st. Case. First pregnancy, at seventh month; without cause. Used expectant treatment; found ovum protruding through the os. Used as an injection a two per cent. solution of carbolic acid, and removed the mass entire. The case recovered.

2d Case. Four months pregnant. Fœtus had been expelled two weeks previously; was called to stop hemorrhage. The os was closed, uterus enlarged. Used a tampoon and in a few days a dark fœtid mass came away, containing membranes and coagulated blood. Before the expulsion fever came on. After the discharge of the placenta the free use of a two-per-cent. solution of carbolic acid brought about a healthy condition, and the case progressed nicely.

3d Case. Fifth month of pregnancy; fœtus had been expelled. Placenta only partly expelled. Used iodoform on cotton. Hæmorrhage occurred, discharging the placenta. Case went on to a favorable termination.

4th Case. Called to hemorrhage; followed an expectant treatment and delivered ovum intact. Case went on to recovery.

5th Case. Fifth month of pregnancy. Patient fell from a step-ladder. Pain and hemorrhage followed. By examination the doctor found the os closed. He gave a hypodermic injection of morphine, followed by one-half grain doses of opium every two hours, but this treatment did not prevent the abortion. The fœtus was discharged before he arrived, early the next morning. Found the umbilical cord in the os protruding into vagina. Cleansed vagina with a two per-cent. solution of carbolic acid. Gave ext. of ergot, but thought he gave it too early. Was called early in the morning. Patient had had chills and vomiting—found by examination that placenta was not entirely thrown out of the uterus. Stopped ergot; gave quinine sulph., grs. ij and pulv. opii gr. ½ every three hours, and the case convalesced favorably.

I cannot say that I agree with the journals in the immediate removal of the retained placenta, by mechanical means. During 16 years practice I have never lost a case, having always followed the expectant treatment. The forced removal must necessarily add a new abrasure for the absorption of septic material.

DISCUSSION.

Dr. Shurley. Why do you think the administration of ergot was wrong?

Dr. Flintermann. I think I gave it too early. The abortion was caused by traumatism.

Dr. Carstens. I agree with Dr. Flintermann. I believe in waiting, using the expectant treatment. To take the fœtus and placenta away by force is bad practice, but after the removal of the fœtus, from whatever cause, the retained placenta is a dangerous thing and must be removed early.

The doctor reported a case which he had seen in consultation. Woman æt. 22, had given birth to two children. Had had no menstrual flow since February. Severe symptoms of acute gastritis had been present for a month past. The physician in attendance said the uterus contained a tumor which could be felt by the probe, which passed up four inches. Dr. Carstens felt the tumor with a probe, and said that it might be a dead fœtus, and advised dilatation of the uterine canal, and the removal of the tumor. Some days after a three-month fœtus was passed, and after a few hours another came away; both fœtuses were decomposed. These were followed by the placenta, and under extreme exhaustion the patient died. The post mortem examination revealed little of importance. The uterine cavity was full of clots and the lining membrane was hyperæmic.

Dr. Flinterman asked Dr. Walker if he had seen many cases of cancer of the bladder?

Dr. Walker reported the disease a rare one but said that he had one under treatment which he suspected to be cancer of the bladder.

Dr. Flintermann reported a case of a man aged 59, who had suffered with hemorrhage from the bladder for a year; could detect little or nothing with the microscope. Patient died two weeks ago from exhaustion. Was unable to get permission to perform a postmortem.

Dr. Carstens said that he had seen two cases of cancer of the bladder, and proved his diagnosis by postmortem examinations.

Dr. McGraw reported a case of urinary calculus. The patient had had trouble with his water for some months; it contained pus and a little blood. Never had sudden stoppage or pain at end of penis; could ride and stand jars without pain. The Dr. removed several stones by crushing. The prostate was enlarged, and there seemed to be a bar of mucous membrane at the neck of the bladder, which prevented the aggravated symptoms which usually occur with vesical calculi.

Adjourned.

GEO. DUFFIELD, M. D.

Secretary.

The Medical Age.

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Advertising by Editors.—We had supposed that our position on the question of devoting our editorial columns to the notice of preparations, for advertising which our publisher disposes of space in our advertising department, was pretty thoroughly understood. It appears, however, that certain of the patrons of this journal have not yet made the proper distinction between us and those editors whom they may successfully approach. We have, during the past few weeks, been requested by several gentlemen whom we highly esteem, not only because of their patronage of this journal, but also because of qualities which merit for them the respect and confidence of the profession among whom their products find sale, to give these products our editorial commendation. It is needless for us to say, that we have been obliged, notwithstanding the pressure of circumstances and the direct appeal, to refuse to supplement by our certificate, the claims (claims which we have no reason to dispute) made by these firms in our advertising department. We had started out to give in detail our reasons for thus refusing, when the July number of Gaillard's Medical Journal reached us. In it we found an article which so fully enters into our feelings on this matter, that we give a resumé of it in lieu of our own reasons. Our contemporary, who never leaves room for doubt as to his position on any question which he discusses, refers to the growing habit of editorial notices of goods whose properties are portrayed in the advertising department of the journal, in his characteristically vigorous manner. He denounces "The Half Hour with Advertisers," "Our Advertisers," etc., which some of our contemporaries devote to such notices, as a shame on respectable journalism, and suggests as a remedy for this prostitution, the dropping from the exchange list by the respectable portion of the editorial corps, of all journals who are thus guilty. The remedy is, in our opinion, rather more heroic than the circumstances would, as yet, warrant. We believe that many of our brethren who give such notices, do so in a sort of perfunctory manner, having good-naturedly consented to do so on the importunities of the proverbial oily-mouthed drummer, and without proper consideration of the enormity of the offense which they thus pledge themselves to commit against the fair name of medical journalism. We venture to hope that when the matter is properly laid before them, many will give it that consideration which they had heretofore neglected.

Our contemporary, after denouncing in unmeasured terms the evil complained of, considers the question argumentatively. There are some advertisers, it says, who have justly the entire confidence of the medical press, as well as the confidence and support of the profession. But among advertisers, as among other sorts and conditions of men, there are dishonest as well as honest ones. To enroll them into classes would be practically impossible, and, even if it were possible, to favorably notice those who might be regarded as honest and to condemn such whose honesty the editor has had no opportunity of proving, by a failure to give them favorable notice, would be manifestly unjust. He carries them all, it is true, before the public, but that is all that he is asked to do, or paid to do, or contracts to do. He does not vouch for what he carries any more than the railroad company or the United States postal department vouches for what it carries. Both the press and the railroads and the postal department have the right to refuse to carry all that is notorious-

ly dangerous, or of an improper character, but neither is expected, or could reasonably be expected, to inquire into the honesty or respectability of the persons or material carried.

The above argument against giving special notices to advertisers is, in our opinion, sufficiently cogent to make unnecessary the adducing of any of the many more which might be advanced, and after properly considering it, there is no advertiser to whom a reputable medical journal is desirous of selling space, who will fail to see the reasonableness of it. But our contemporary advances another argument against the pernicious practice, which impinges principally on the editorial fraternity. Journalists, it says, must be fair; "and when all pay for advertising privileges, journalists cannot justly favor some and refuse to favor others, and they cannot favor all without making such wholesale and universal praise as worthless as it would be foolish and improper, though some journalists do ludicrously go through the list of advertisers and say the same thing, with some transposition of words, in behalf of each and all, as cunningly and as equally and as transparently as a third class ward-politician gives sham cigars to those from whom he seeks support and his salary. No! Editorial advertising of advertisers, with or without pecuniary compensation, cannot justly be given to all or properly to a few. This last fashion of journalists, then, should be first understood and then universally repudiated and condemned."

Cholera and Fear.—The history of the previous epidemic visitations of cholera proves very conclusively that the virus, whatever its nature may be, finds in those who are most apprehensive of its attacks, those in whom its action is most deadly. It has, indeed, been maintained by competent observers that not a few of the deaths occurring during cholera epidemics are improperly ascribed to the disease, the fact being that a comparatively moderate attack had aroused within the patients a fear so profound as to be in itself fatal. Fear is, probably, the most depressing of the emotions, and its evil effects are witnessed in other diseases than cholera. Given a patient suffering from any disease, and whose mind has become absorbed with the belief that his disease is about to run an unfavorable course, and the skill of the physician will be exerted in vain in endeavoring to conduct him to convalescence.

Unfortunately, it is one of the weaknesses of human nature to quail in the face of a threatened great misfortune. So rare an occurrence is it for men to stand up bravely in the face of what seems to be inevitable disaster, that those who do thus stand are regarded as heroes. While the truest fact of life is that it must inevitably terminate in death, when that termination seems imminent in a community, it has the effect of creating a panic with all its direct and indirect deplorable consequences. We see this fact painfully illustrated during the present prevalence of cholera in France. The authorities of Toulon and Marseilles, after foolishly trying to keep the real nature of the disease from the public, were finally obliged to announce it. The announcement was immediately followed by a panic, which for the extent and insanity thereof has seldom been equaled in the history of any epidemic. It is estimated that at Marseilles alone, over a hundred thousand people have left the city. These, of course, embraced the wealthier and more intelligent classes, whose presence would seem to have been imperative in controlling the city in its calamity. Those who were left are largely the poor and ignorant, among whom superstition, fear, cowardice and the baser emotions exist, to a degree certainly not less than found among those who precipitately fled. The result of this panic was promptly felt in the increased death-rate in the city. Whereas it did not reach over ten a day before the announcement of the fact of the presence of cholera, immediately after it rose to fifty, and on some days the mortality has even reached a hundred.

The above occurrences in France have their weighty lesson for the people of America, and it devolves largely on the medical profession to press that lesson home. Physicians should inculcate in their clienteles the fact, that although during an epidemic of cholera there is some danger of contracting the disease in spite of the most rigid sanitary precautions, the liability to attack is immensely reduced by such precautions. They should assure them, moreover, that the danger of attack is not materially enhanced by contact with those suffering from it, and that this danger is not lessened by attempting to run away from the epidemic. A sound philosophy should be inculcated, and the people taught that a strict conformity to the rules of health is the surest guarantee against disease. A cheerful disposition, a buoyancy of spirit and a sustaining courage, are the grand essentials of prophylaxis, and these are infinitely most apt to be found in those who have in them the assurance that they have done their duty in the trying ordeal.

While the moral qualities, equally with physical precautions, are among the surest safe-guards against an attack of cholera, the latter must not be neglected. Their observance, indeed, is also calculated to strengthen the former.

The dejecta should be carefully destroyed, purified, indeed, by fire. There is no antiseptic nor deodorizer known among men, which should be relied upon to the exclusion of fire. The use of water-closets should be abandoned during an epidemic of cholera and in their place earth-closets should be constituted. From these each dejection should be immediately removed and burned. The water that we drink is the chief, if not, indeed, the only bearer into the system of the cholera microbe, and the most rigid precautions should be observed to insure its absolute purity.

KOUMISS.—On the introduction of koumiss, a few years ago, the article was received with great favor, and it was thought when a ready method of preparing it in domestic practice was devised, that it would become very popular. It does not appear, however, that these hopes have been fulfilled, although the fact remains that the agent is a very valuable food in all wasting diseases, and particularly in those in which irritability of the stomach is a prominent symptom. Dr. R. B. Davey contributes an article on the subject to the Cincinnati Lancet and Clinic, which has a very timely interest at this season of the prevalence of bowel affections. Besides the lactic and carbonic acids and a small proportion of alcohol, which acts as a tonic to the peptic glands, the finely divided casein serves as a readily assimilable nutrient, making, together with the inorganic constituents of the milk, a highly nutritious tonic. It is, however, essential to the palatability of the article, that it be properly prepared. Dr. Davey declares that he has found it to be readily tolerated when everything else is rejected from the stomach. It does not assist in digestion by any diastatic or peptic power of its own, but rather by the influence it imparts to the organs of digestion, exciting them to a more vigorous performance of their functions. He administers with each glass, as he prepares it, a sufficient quantity of sweet cream, which supplies carbonaceous matter in a manner by which its assimilation is assured. Unfortunately, he does not give us any formula for his preparation. We have, however, found koumiss made after the following, to be a valuable, and by no means unpalatable preparation: Take of grape sugar half an ounce, which dissolve in four ounces of water. In about two ounces of milk dissolve twenty grains of Fleischmann's compressed yeast, obtained at any grocery store, or else well-washed and pressed out brewer's yeast; mix the two in a quart champagne bottle which is to be filled with good cow's milk within two inches of the top. Cork well and secure the cork with strings or wire, and place in an ice-chest or cellar, at the temperature of 50° F., or less, and agitate three times a day. At the expiration of three or four days at the latest, the koumiss is ready for use, and should not be kept longer than four or five days. It should be drawn with a champagne siphon cap, so that the carbonic acid may be retained, and the contents will not entirely escape on opening the bottle. This formula was, we believe, devised by Dr. Wolff, of Philadelphia, who in giving it to the profession, has placed this valuable food, which was previously quite expensive, within the reach of patients of the most limited means.

THE SIGNIFICANCE OF JAUNDICE IN DIAGNOSIS — It is believed that the conceptions of the actual disturbance occasioned by bile circulating outside of its legitimate channels, are somewhat vague in the minds of the general profession. A very clear-cut paper on the subject recently read by Dr. W. E. Quine before the Chicago Medical Society, has, therefore, attached to it more than ordinary interest. Dr. Quine maintained that it had never been proven that bile, *per se*, was poisonous, or that cerebral symptoms follow as a result of its presence in the blood; that the blood and the secretions might be saturated with it for years and no cerebral disturbances ensue. He pointed out that when disturbances occurred the symptoms were mostly due to colorless acids developed in the bile, the bile pigment itself being harmless. Jaundice coming on suddenly during apparent health, and without pain, is usually of emotional origin, and transitory, therefore harmless. There are forms of jaundice, however, in which the bile, as it circulates outside of its normal channels, is deleterious. Jaundice added to disease or injury of the brain, acute atrophy of the liver, snake-bite or an infectious fever, always exists with constitutional disturbance, the marked symptoms of which refer to the brain. When it is attended with fever and is well-marked, the interrogatories should be addressed to the bile passages, to the lungs or to the portal system. These parts will usually be found to be the seat of inflammation, under such circumstances. Jaundice coming on suddenly and preceded by paroxysmal pain and vomiting is due, nine times out of ten, to biliary calculi. When preceded by typical symptoms of gastro-duodenitis, it is obviously of catarrhal origin. Impassable obstruction of the bile-duct as shown by jaundice of great intensity, clay-colored stools, and, in recent cases, by distension of the gall-bladder. In rare cases these symptoms of sudden obstruction, betoken the existence of cancerous, hydatid or aneurismal tumors. In such cases, however, there is almost always a history of impaired health, enlargement and deformity of the liver, ascites, etc., which, together with physical exploration would lead to a correct diagnosis. It is hard to distinguish between occlusion of the hepatic and occlusion of the common duct. The former, however, is rare, owing to the fact that the duct increases in size from above downwards. When jaundice persists after the symptoms of biliary colic or catarrhal inflammation have disappeared for a month, or if it slowly and without pain returns after the biliary colic, it may be assumed that stricture of the duct has resulted from inflammatory thickening, from adhesion of its walls, or from the cicatrization of an ulcer. Repeated attacks point to gall stones; coming on slowly, and without previous colic or catarrh or symptoms of impaired health or of portal obstruction, it is probably due to pressure upon the duct by the growth of the tumor within its walls. When the tumor is large, as in the case of pregnancy, ovarian tumor, aneurism, or distension of the colon, it is readily detected, but when small or constituted by enlargement of the lymphatics in the fissure of the liver, it is apt to escape detection. Valvular disease of the heart or disease of the lungs, through which the circulation is obstructed, may be the cause of jaundice. Cirrhosis or cancer of the liver existing as the cause, will usually be found associated with other symptoms, as

for instance, ascites, which make the diagnosis unmistakable. The fact that the patient does not suffer from jaundice does not necessarily exclude hepatic disease, inasmuch as the liver may be destroyed by disease or extirpated by operation without jaundice ensuing. Exclusive of catarrhal inflammation of the biliary passages, jaundice is not a prominent symptom of the inflammatory affections of the liver. In hepatic abscess even. the jaundice may not amount to more than slight muddiness of the complexion. The patient may have a waxy or fatty liver or hydatids of the organ, without having jaundice as a symptom.

RACIAL INFLUENCES IN OPHTHALMIC AND VENEREAL DISEASES.—At a recent meeting of the St. Louis Medical Society, Dr. Williams reported the case of a young colored woman suffering from trachoma. The case was peculiar simply from the fact that it occurred in a full-blooded negro, this being the first case of this disease which he had ever noticed in that race. His report was followed by a very general discussion of the point which he mentioned as the peculiarity. It was the opinion of the gentlemen present, some of whom had had very extensive experience in the treatment of negroes, that granulated lids is a disease of exceedingly rare occurrence among them. Various theories were suggested to account for this immunity, but two of which, however, are worthy of reproduction. Dr. Hurd thought that the rarity of the occurrence of this form of ophthalmia might be due to the fact that the colored people are not accustomed to use their eyes as more highly educated races are, and that, therefore, these organs are not so severely taxed. Dr. Love would account for the immunity on the supposition that the conjunctiva, like the mucous membrane, is less sensitive in the dark than in the light races. To fortify this theory he instances the fact that blondes more frequently have gonorrhœa than brunettes, and that the darker the complexion of the person the less delicate is the skin and the mucous membrane, which is simply a modified skin, lacking the epidermis. This theory, we would suggest, may find an additional illustration to support it in the case of the Jews who, being a dark complexioned race, are very seldom attacked with gonorrhœa, although, perhaps and probably, their circumcision also contributes to their immunity.

It was also the opinion of the gentlemen present, that ophthalmia neonatorum and gonorrhœa are exceedingly rare affections among the colored people, and this notwithstanding the fact that their habits are certainly not such as would be likely to secure them immunity against these affections. The theory which is based on the less sensitive condition of the skin and membranes in the dark races, is the most plausible to account for the comparative rarity of these affections also. Dr. Whitwood, however, mentioned a fact which might seem to invalidate this theory. He had had considerable experience among the Indians, whom he found to be even more prone than white people to granular lids. He suggested, however, that this increased prevalence of the disease among the Indians, might be due to the fact that they lived very largely in smoky lodges; they also paint around the eyes, thus adding another cause which may account for the disease. At all events there are few Indians, he says, who do not suffer from trachoma. It is particularly present among the children, although adults are also affected, he having seen some fearful cases in grown-up persons.

THE SUMMER VACATION.—A breaking up of domestic arrangements with a view to changing the basis of operations temporarily, for a month or so, during the heated term, seems to be growing to be regarded as a necessity, particularly by the residents of cities in our country. It is, undoubtedly, a most excellent custom, and one the growth and perpetuation of which the profession should encourage. There seems to be in man an innate desire for the great out-doors, and we think that no man entirely escapes the strong yearning to, at times, return from his more civilized environment to a state of nature. Perhaps there is in this yearning a trace of our origin and the survival, as Sir James Paget puts it, of the habits of our savage ancestors. Their life was mainly a hunting one, and they depended for their existence chiefly on the direct gifts of nature. This fact necessarily obliged them to move about from place to place in search of new fields. As their descendants became civilized they learned to subdue nature to their wants, and to bring its gifts directly to their doors. They thus became more and more fixed in their habitations, until they finally became permanently located in the great cities. But the root of the old habits remains, and periodically, and that, too, at the most auspicious season, it sends forth a shoot. Consequently we find a periodical hegira to the country during the summer months. It is a most excellent custom, and should be encouraged by all who can possibly afford to indulge it. There is possibly no class, irrespective of age, in whom this habit should be encouraged more than in the physician, and there is no physician who can not afford to indulge it. As an investment, the money which its indulgence necessitates could not be more profitably disposed of. A couple of weeks' vagabondage amid the surroundings of nature, away from the trammel and artificialities of the life which he leads, will yield to him a return in health and energy, and vital force, and all those qualities which play such an important part in the make-up of a successful practitioner, as he can secure in no other way. It would benefit both his patients and himself for him to take an annual outing. Let the physician who has without intermission devoted himself for years to the demands of his clientele, take a couple of weeks' vacation in some wild part of the country where the fish are energetic biters, and he will nevermore dispute the correctness of our assertion.

CUTICULAR ÆSTHETICISM.—Mr. Moulton Morris, an English dermatologist, delivered a very racy lecture on some of the morbid aspects of modern æstheticism, before the late International Health Exhibition. He confined himself to a scoring of the vagaries of fashion, as they manifest themselves in the care of the skin. His arraignment was none the less effective because of its facetiousness. He showed that in the skin resided more of a man's individuality than in any other organ. Remove a man's arm or leg, or, indeed, both arms and both legs, and you will still leave an individual man; but take away his skin, as the author of Sartor Resartus took away the raiment, and his individuality is gone. The skin of every one is, no doubt, as he is seen by others. It mirrors forth his mind; it tells a tale of his virtue or vice, his honesty or affectation; its hue betokens health or disease. Within the past few years, however, fashion, æstheticism if you please, has not been willing to allow nature to express herself through this medium, and the changes in the integument give evidence of a remarkable artistic movement.

Powder and paint, the languid melancholy of face and figure, the limp, atonic gait, are all evidences of the later æstheticism. In the painting of the older masters we find ruddy Madonnas, clear-skinned goddesses, and chubby angels. In more recent pictures, however, we find etherealized skin undoubtedly popular. Of course this repudiation of the warm tints is to the liking of unhealthy people, and, as artists paint for money as well as for fame, the latter pictures may be said to emphatically body forth public taste; but while this change in art is bad enough, as shown on the canvas, what shall we say of it when the limnings are directed to the human face? When the intelligent, civilized, enlightened, Christian woman bedaubs her face with starch, and rouge, and bismuth, and paint, after the manner of the heathen? It is, truly, a most senseless and depraved taste. The bloom upon the peach cannot be beautified by whitewash, and no chemical process can heighten the tinting of the heather bell.

THE CENTER OF HAPPINESS. — Physiologists have located at different points in the cerebro-spinal axis, the centers controlling temperature, respiratory movements, etc., but it has remained for a hygienist to fix a center whence originates felicity. As a result, probably, of the somewhat poetical language of early theologians, the heart has usually been associated with that condition of the mind and body which is a *sine qua non* to happiness. The modern and somewhat materialistic type of thought, has been inclined to refer the seat of all sensations, that of happiness included, to the brain. It has been reserved for Dr. B. W. Richardson to discover that theologians and modern materialistic physiologists have both been in error on this question. The center of the sensation of felicity, he says, is in the the great ganglia of the sympathetic lying not in the cerebro-spinal cavities, but in the cavities of the thorax and abdomen. We know where the glow that indicates felicity is felt. Some of our poets have described it, with perfect truthfulness, as in he breast. It comes as a fire kindling there. No living being has ever felt happy in his head. Everybody who has felt felicity has felt it from within the body.

Misery, he maintains, is the negative of felicity, and no man has ever felt misery in the head, the seat of sensation being in the lower ribs, and hypochondrium. Every man who has felt misery knows that it springs from the body, and speaks of it as an exhaustion, a sinking there. He is broken-hearted; he is failing at the center of life. He is bent down because of the central failure. The load on his shoulders is too heavy to be borne, and he feels as if oppressed by an added weight of burden under which he bends, as though all the cares of the world were about to bear him down.

The Lancet, in referring to Dr. Richardson's statements, is inclined to endorse them, and, at the same time, somewhat amplifies them. It holds, that felicity is the physical result of a brisk and healthful circulation of the blood through the vessels supplying the ganglia of the great sympathetic system of nerves, and whatever quickens, and at the same time frees the flow of blood in these parts, particularly engenders the feeling we call happiness. This is the fact, and it probably explains the action of many articles of food, and medicine and medical appliances. "Be briskly, not languidly joyous, if you would be well." This is the converse of the doctrine that happiness is an affair of the heart and stomach. A comfortable, as contrasted with an austere life is the most natural, and therefore the healthiest and best. The dyspeptic is a hypochondriac because the blood does not circulate properly through his ganglia, and probably also his lack of determination to be cheerful and happy, like Mark Tapley, under the most adverse circumstances, also reacts on his ganglia and aggravates existing stagnation there. Everything in life and nature acts and reacts in a circle. Be happy, and you give the tendency of the blood to your sympathetic ganglia, and the course properly directed to them, will acquire fresh vigor through the act, and thus through the assistance of a proper condition of the stomach, the circulation will be maintained, and, as a result, all things will assume a pleasant and cheerful aspect instead of one of gloom.

KOCH AND CHOLERA.—The prominence which Dr. Koch has achieved through his brilliant discoveries with the microscope in the realm of etiology, coupled with his apparent devotion to science, as manifested in his expedition to the home of Asiatic cholera, to investigate into the cause of this disease, will attach more than the ordinary interest to his views of the nature and causation of the present epidemic in France. He has been busy studying the disease in its present occurrence at Toulon, and

in a letter sent to the New York Herald, an interviewer reports him as saying, that all his investigations confirm the results of his Asiatic experience. The microbes in France and in India are identical. The microbe is rarely met with in the stomach, taking refuge in the smaller intestines where it multiplies rapidly. It may multiply so rapidly as to lead to sudden thickening and chilling of the blood, in which case we have dry cholera, the patient succumbing to the disease without the occurrence of diarrhœa. An important statement is the one that contamination is not caused by air but by the absorption of microbes infecting food, especially water and solid food, introduced into the digestive tubes. Koch, therefore, advises the shutting up of wells in infecting places, and the drinking of no water during the epidemic, which has not been boiled. For the same reason food should be well cooked and should be eaten shortly after the process, so as not to permit of its contamination with the cholera bacillus. Koch holds, furthermore, that microbes are transmissible only by excrement or objects soiled by excrement. The dejecta of cholera patients should, therefore, be immediately burned, and their linen should be subjected to heat, hot air and carbolic acid more or less concentrated. Concentrated solutions of carbolic acid and a dry atmosphere are fatal to the microbes, which develope and multiply in the damp. The watering of streets and boulevards during an epidemic is dangerous; it favors the conditions needed for the reproduction and propagation of microbes. It would be preferable to leave the streets dry and dusty. All crowds, as at public fêtes and fairs, should be forbidden.

Inunction as a Febrifuge.—The inunction of scarlatina patients has, we think, become a very general practice, although it is probably somewhat empirically prescribed in a great majority of instances. Few who have tried it will be found to entertain any doubts as to its efficacy. It will, however, be interesting, as well as profitable, to have some light thrown upon the *modus operandi*. Dr. P. Colrat discusses the question in the Lyon Medicale. He recalls the experience of Fourcault, in 1838, in which the application of a varnish to the skin of an an animal caused a fall of temperature instead of a rise, as would naturally be anticipated. Schlemann was the first to make a practical application of this discovery, which he did in the treatment of scarlatina. The experiments of Laskiewitsch and Lomikowski demonstrated the fall in temperature to be due to the increased radiation from the surface anointed with fats. This radiation is so great that when the experiment is prolonged on animals it causes their death from depression of temperature, the blood in the veins being arterial from nonuse of the oxygen contained in it; this last seems te be due to arrest of oxidation and tissue-metamorphosis by low temperature. Animals thus suffering were revived by wrapping them in cotton wadding and putting them in a very warm room. The idea that death from inunction, as in the case of the famous child who was gilded to personate the golden age at the inauguration of Leo X, was due to asphyxia, from checking of cutaneous respiration, is opposed by the fact that the appearances, post mortem, are not at all those of asphyxia, the blood containing even more oxygen than normally, and even the venous blood being bright red, as already noted. Senator accounts for the death of the gilded child on the supposition that it was poisoned by the solution of gold employed in the gilding.

Dr. Colrat has made extensive clinical observations, with inunction as a febrifuge. The younger the child the more marked is the effect, and the temperature may be reduced as much as three or four degrees. In scarlatina, inunction quiets the patient, prevents complications, and diminishes the chance of contagion. Dr. Colrat is of the opinion that the use of this febrifuge should not be confined to eruptive diseases.

The Specialist in England.—It is interesting, as well as profitable, to note how responsive the pulse of the British profession beats with that of their cisatlantic toilers. Among the many evils which, barnacle-like, afflict the profession in England and this county alike, that of specialism has of late years been attracttng more than the usual amount of attention in both countries. Dr. Clifford Allbutt has been dealing it some of those sturdy blows, of which he has given such frequent evidence of his capability. After recounting the impositions which specialists are capable of imposing, and which they do frequently impose on the general practitioner, he asks, "Now, is this sort of thing, of which we hear every day, a tribute to an imbecile kind of etiquette, or is it an indulgence of the tolerance of something short of rectitude? In any case, if it continues to find encouragement, the reputation of our London schools, so dear and precious to us all, must shortly wane. The robust general practitioners who do possess a wide knowledge of their profession, have hitherto tolerated these manœuvres to please their patients, but they are getting tired of this fashion, and contemptuous of its children. The specialist in his turn is beginning to ignore the general practitioner, and to capture his patients, and thus science loses, practice loses, and the good fellowship of our great profession is dissolved."

Oxygen Inhalation in Cholera.—The newspaper reports of the successful employment of oxygen in the outbreak of cholera at Marseilles and Toulon, were sufficient, even though the subsequent use of the remedy did not fulfill the original hopes, to direct attention to this method of treatment. Inhalation of oxygen in the treatment of cholera is, by no means, of recent origin, reports of its use as early as 1828 being on record. Unfor-

tunately, however, then, as more recently, the remedy was successful, if it may be said to have been successful at all, only in the milder manifestations of the disease. The theory on which it has been administered is, that by increasing the process of oxidation in the system, it consumes the materies morbi. Wittemeyer, in 1866, was led to employ the remedy because the absorbent powers of the alimentary canal being impaired, there remains but the respiratory tract by which to convey remedies to the system at large. The two indications in cholera are, first, to convey water to the thickened blood, for which purpose he proposed that the patient should inhale steam and hot water vaporized; and, secondly, to secure oxygenation of blood by inhalation of the gas. This, he maintained, would would have a more promptly exciting action upon the heart than any other medicine administered in any other way, and, as a result, the blood would be enabled to circulate through the vessels more rapidly, and become better and better prepared to imbibe the desired amount of vapor of water and of oxygen.

Unfortunately for these plausible theories, the results of the use of oxygen in cholera have not been sufficiently satisfactory to warrant its continued use.

High Temperature in a Malingerer.—The Paris correspondent of the Medical Record reports a remarkable case in which a malingerer caused considerable perplexity in the minds of her medical attendants. After having expectorated, as she claimed, a large amount of thick matter, she simulated symptoms of coma, paraplegia, and generalized hyperæsthesia, in succession. These were in turn followed by aphasia, mutism, etc. The attending physician diagnosed hysteria, but after a few days took the temperature, which he found to register 43.4° C. (109. 5 F.). Thinking that there might have been some error, he employed another thermometer, which marked the temperature at 39° C. (102.2 F.), and at repeated observations, made both in the axilla and in the vagina, trustworthy thermometers were found to register a temperature running all the way from 38° C. (100.5 F.) to 48° C. (118.4° F.) and on one occasion it ran as high as 76° C. (168.8° F.). This latter naturally aroused suspicion, and on carefully being watched, the patient was found to gently and repeatedly strike the lower extremity of the thermometer with her disengaged hand, thus causing the mercury to rise to any height in the instrument. The moral of this case is, that in taking the temperature of hysterical patients, extra precautions should be observed against trickery.

John Hunter and Ligation for Aneurism.—The College and Clinical Record gives a story of John Hunter's originating of the operation for ligation of popliteal aneurism. This, it says, is, strangely enough, contained in none of the books, and it gives it from the lips of Prof. Chapman. Hunter found the velvet horns of a deer to be abnormally warm. Tying the carotid artery, he was astonished, on examining them a few days after, to find that their temperature had not abated. Thinking that he had possibly tied the wrong vessel, he cut down to his ligature to find, however, that he had made no mistake. Further investigation showed that the collateral circulation, a thing practically unthought of before, had been established. He then ligated the femoral artery of a dog, and found that the nourishment of the limb was not impaired thereby. He was now prepared for the operation for aneurism, which he performed in 1787, in St. George's Hospital, on the walls of which institution still hang the deer's horns, which in John Hunter's hands were the means of incalculable good to mankind.

Medical Advertising in England.—It appears from the London correspondent of the Medical Times, that our English brethren of good standing, like those of similar standing in this country, are not averse to the public notices which they occasionally receive. Not only do they not object to them, but there is a suspicion that they encroach on the limits of ethical propriety in securing such notices of that character as do not come to them voluntarily, and the correspondent enumerates the various schemes resorted to by even the most ethical, to secure the parade of their names and reports of their skill before the public, whence comes their support.

Among these means we have the writing of letters on medical topics to newspapers, the circulation of pamphlets under a pharisaical cloak of philanthropy, the insertion of advertisements of medical books in lay papers, the posting of bulletins when any distinguished personage is indisposed, the advertisement in the list of medical officers of hospitals, etc., etc., all of which are as familiar to the profession of this country as they are to that of Great Britain. The propriety of these "tricks that are vain," is being discussed, *pro* and *con*, in the medical journals of England, without any prospect, however, of the outcome of any unanimous opinion bearing thereon. This is a question, we think, which cannot be regulated by enactments of societies or any other mechanical means for keeping men within the proper bounds of conduct. Ethical conduct has its source in the heart, and unless the fountain be pure the stream will be tainted in spite of all efforts directed to the current in its passage. The man whose conscience does not upbraid him for seeking to acquire all the publicity he may desire, or who wishes to secure this publicity in spite of an upbraiding conscience, cannot be prevented from doing so by resolutions of societies or codes of ethics. The most that the latter can do, is to prevent the methods employed from assuming the objectionable features which are characteristically charlatan.

Albumen and Albumin.—The Mew York Medical Journal takes a hand in the discussion of the propriety of changing the termination of the word so long used to designate the proximate principle, "albumen," in the blood. It declares in favor of the "*in*" termination, and gives the following cogent reasons for its preference: "the simple truth is, albumen (German *eiweiss*) means, white of egg, while albumin has, for many years, been applied to the proximate principle (German *eiweissstoff*). If the authors of the United States Dispensatory had heeded this distinction it is not likely that the fifteenth edition of that work would have contained this remarkable sentence, which is to be found on page 1980: 'It contains, according to Dr. Bostock, in 100 parts, 85 of water, 12 of pure albumen, 2.07 uncoagulable matter, and .03 of saline substances, including soda with traces of sulphur.' In other words there is only 12 per cent. of albumin in albumen! We confess, that the word "albumin" is of faulty formation. Albuminin would be more in accordance with the correct mode of constructing such words, but, unfortunately, albuminin has already been applied to another substance, namely, the material of the cells, which enclose the white of egg. As the matter stands, therefore, as to the query, albumen or albumin? we would answer, albumen *and* albumin, the former in pharmacy, when white of egg is meant, and the latter in speaking of what we test for, which certainly is not white of egg."

Paraldehyde as a Hypnotic.—Paraldehyde, the newer addition to our list of hypnotics, seems to be growing in favor in Germany. A very extended series of experiments seems to justify the claim that it is among the remedies best adapted to the production of sleep, in cases in which there is no inflammatory or organic disease of the brain, or in which wakefulness is not the direct result of pain. The drug is not an anodyne or a narcotic (using these terms in their accepted sense), but a hypnotic, pure and simple. It seems to produce a more natural sleep than follows the exhibition of chloral hydrate, the sleep being quiet, refreshing, lasting from three to eight hours, and being followed by none of that fullness or pain in the head, which are the bane of narcotics as a class. The remedy seems to be particularly adapted to cases of simple insomnia, due to nothing more grave than mental worry. The dose, as recommended, ranges from half a drachm to a drachm and a half. No untoward symptoms have been reported from the larger quantity. The following formula is recommended as effectual in overcoming the disagreeable after-taste of the drug:

℞ Paraldehyde..... ♏xxx.
Aquæ..... ℥ jss.
Syr. aurantii cortici..... ʒ ij.
Spiritus chloroformi..... ♏xxx.
M.

Ice-Cream Poisoning.—The telegraphic reports in our newspapers have contained occasional accounts, during the present season, of disastrous results following the eating of ice-cream. In some instances, doubtless, as in the case of the New York policeman, who consumed a dozen dishes, the trouble is directly traceable to the large amount eaten, but this is not the cause in all or even a majority of the instances. The symptoms as reported, are nausea, severe abdominal pains, vomiting and serous diarrhœa. In some instances, also, well-defined cramps of the extremities have been noted. The symptoms, in short, have been very similar to those of cholera morbus, and were evidently due to the action of some irritating ingredient in the composition of the cream as prepared. This ingredient is probably of the nature of the ptomaines, which are formed in the dead body immediately after the cessation of life. Ptomaines are exceedingly poisonous in their nature, and it is certainly highly desirable that their formation in an article of diet so extensively used as ice-cream, should be guarded against. It appeared from investigations of last season, that they are not likely to develop in cream which has only been once frozen, having always been found to exist in the article which had been re-frozen after having thawed. The subject is of sufficient importance to receive careful consideration.

Ephemeral High Temperature in Young Children.—In a paper read before the Medical Society of the County of Kings, and published in the New York Medical Journal of 19th inst., Dr. Henry N. Reed discusses the significance of high temperature as a symptom occurring in children. He quotes with his approval, the aphorism of Bouchut: "In the first stage of childhood there is no relation between intensity of the symptoms and the extent of the material lesions." He then reports in detail one case, which he follows with a summarized report of five others, in which the temperature running from 103 to 106 degrees, was followed by no such consequences as one unfamiliar with this peculiarity of children, might have reasonably been led to expect. The only explanation of these phenomena, which he ventures, is that of the insufficient regulating power of the nervous system.

In endeavoring to arrive at a diagnosis in these cases of excessive temperature in children, the following points may be taken into consideration. First, the absence of any local inflammation, or of the history of any recent injury. Second, the abrupt beginning, without prodromes; the rapid rise in temperature; the early severity of the febrile symptoms, commonly greater at the beginning than in the commencement of enteric or typhus fever. Third, the duration is very short, not more than twenty-four hours, oftener less than more. Fourth, absence of eruption. Fifth, absence of the abdominal symptoms of enteric fever, and the circulatory symptoms of meningitis. Sixth, absence of jaun-

dice or of the enlargement of the spleen and liver, which marks malaria and relapsing fevers. Seventh, the absence of epidemics of all kinds.

DOES THE FŒTUS ABSORB FOREIGN MATTER FROM THE MOTHER?—Dr. J. P. Pyle has been conducting a series of experiments calculated to furnish an answer to this question, which has been so long a disputed one. He concludes that a transition of even solid particles from the mother to the fœtus is a fact. The passage of ultra-marine liquid from the mother into the fœtus was clearly demonstrated in ten experiments. In septic poisoning, in which the maternal tissues were impregnated with bacteria, these identical bacteria were discovered to have passed through the placenta in the case of thirty-nine fœtuses. Suitable precautions were taken to prevent the results of this experiment from being vitiated by the organisms of putrefaction.

Dr. Pyle thinks that Cohnheim's theory of the emigration of the white blood-corpuscles, which has been proved lately by himself to be a mere passive process of filtration through the blood-vessel walls, is a fair analogy to what we may find in the transition of solid particles through the attenuated utero-placental walls.

IODOFORM ADHESIVE PLASTER.—Mr. Dietreich contributes to the Pharmaceutical Journal and Transactions, a formula for an iodoform adhesive plaster which he says has met with much favor in Germany. It is made by incorporating with the ingredients employed in making ordinary adhesive plaster, 20-per-cent of iodoform. This plaster if applied directly to the previously cleaned service, and in the case of slight burns and small wounds, is said to be very healing. According to the same authority the addition of salicylic acid to ordinary lip salve and the previous treatment of almond oil with benzoin, increase the healing powers of the ointment.

The profession of Texas have taken steps towards the securing of legislation which shall regulate the practice of medicine in that State, and we have before us a copy of a bill prepared by Dr. Daniel, of the Courier-Record of Medicine, which it is intended to ask the next session of the State Legislature to enact as a law. The bill provides for a board of censors, who shall examine applicants for a license to practice in the State, as to their qualifications. All physicians now practising and holding diplomas from regularly chartered institutions are to be exempt from examination, as are also all such as may subsequently move into the State, and are in possession of diplomas secured before the passage of the bill. After the bill, as proposed, has become a law, the diplomas of the colleges shall not exempt applicants for a license from examination, the board of censors thus acting as a check on the medical colleges. This is a move in the right direction, and all friends of medical reform will pray for the success of the Daniel bill.

A rather unique defense is reported to have been set up in a case of misdemeanor lately tried in England. The grievance was a simple case of youthful frolic, in which a traditional paint-pot bore a prominent part, and it was a manipulator of the same who was held for the objectionable artistic effort. It was set up as a defence that the culprit was in training for a doctor, and had been upset by an unsuccessful examination. This check in his course for a diploma following the educational over-pressure to which he had been subjected, reacted in such a manner upon his mind as to have quite disturbed it. It pains us exceedingly to state that this exceedingly ingenious, and withal plausible, plea did not save the plucked one from reaping the statutory penalty attached to the violation of the law. Had it been successful in that instance, what a glorious precedent it would have furnished for future disappointed ones!

The North American Review, for August, contains an article by Justice James V. Campbell on "The Encroachments of Capital," which will command the serious attention of all readers. Richard A. Proctor treats of "The Origin of Comets," and succeeds in presenting that difficult subject in a light so clear that persons who have little or no acquaintance with astronomy can follow his argument. "Are we a Nation of Rascals?" is the startling title of an article by John F. Hume. Judge Edward C. Loring finds a "Drift towards Centralization" in the recent judgment of the United States Supreme Court on the power of the Federal Government to issue paper money. Julian Hawthorne writes of "The American Element in Fiction," and there is a symposium on "Prohibition and Persuasion," by Neal Dow and Dr. Dio Lewis.

A facetious friend finds the following fault: In the MEDICAL AGE, a short time since, you annihilated some unfortunate one in the matter of the word "os." I confess to having been a little off on that word myself, and was somewhat "down in the mouth" (os) over my mistake. As a salve to my wounded feelings, I want to ask you about "emplastrum perforata" (*vide* your drive at the "classical editor of the Southern Clinic," MEDICAL AGE of July 10, 1884). But, perhaps, "perforata" in this sentence belongs to the noun "penis," which would be correct, as its adjunct should have the feminine form.

We embrace this opportunity to state that our brother Bryce, of the Clinic, has written us disclaiming the authorship of the latinity referred to. He merely reproduced it from the prescription of a graduated physician residing in Richmond.

The North Carolina Medical Journal is authority for the statement that Dr. Alston vaccinated, in

1869, a patient with a part of a vaccine crust which had remained imbedded in wax for more than half a century. The result was entirely satisfactory, the vaccination going through the regular stages of papulation, vessication, desiccation, and suppuration of the crust, leaving a genuine wheel-shaped foveolated cicatrix. This is, certainly, the most remarkable instance of the preservation of vaccine virus on record, and is an argument in favor of the crust as opposed to points.

In the course of a clinical lecture, delivered at the University Hospital, Prof. William Goodell took occasion to refer to the gender of the noun "os," and to the widespread error in the case-ending of the word in prescriptions. "Os," he said, "is, in reality, a neuter noun of the third declension, and its accusative case is like the nominative, so that 'by mouth' should be written '*per os*,' and not '*per orem*.' You will, therefore, give this patient the medicine '*per os*.'"

The city council of Detroit has, in response to the wish of Health Officer Wight, voted the sum of $2500 for disinfecting the sewers, and the carrying out of special sanitary measures against the possible arrival of cholera. The money will be expended in sulphur, which is to be freely burned in the sewers, and sulphate of copper, with which privy vaults and other noisome places are to be treated.

A crematory society has been organized in Boston. Membership in it confers the right to have one's body reduced to ashes without additional expense to that necessary to maintain good standing. A building is under way in which the arrangements for cremating will be according to the latest and most approved designs. The fee for membership is twelve dollars a year.

Chesterfield was evidently a believer in the doctrine that mental states are very intimately dependent on physical conditions. He says that a light supper, a good night's sleep, and a fine morning, have often made a hero of the same man who, by indigestion, a restless night, and a rainy morning, would have proved a coward.

In 1832 cholera devastated Europe, and carried off 100,000 inhabitants in France, of which number 18,000 were Parisians. In 1849 it reappeared, and took off 16,000 in Paris. In 1853, 9,000 Parisians succumbed to it, and in the last epidemic in that city, commencing in 1865 and lasting till 1867, 12,000 of its citizens died of it.

The young man who sat upon a piece of iron in a blacksmith's shop, and unceremoniously sprang seven feet in the air, with a wild shriek of despair, now declares that he does not think much of the hot springs as a health resort.

"So you prefer my medicines to those of Dr. Pillsbury, Mrs. Mulligan?" "Och, indade, I do that, docthor dear. Ye're a great dale betther thin the other ould humbug."

A paste made of starch, glycerine and gypsum is said by Puscher, a Nuremberg chemist, to retain its plasticity and adhesiveness longer than any other cement.

"All paths lead to the grave," wrote the poet. A wicked eclectic says that the remark is undoubtedly true, but particularly so of the allopaths.

The Microscopical Changes in the Kidney in Cases of Bright's Disease.*

BY GEO DUFFIELD, M. D., MICROCOPIST TO HARPER HOSPITAL, DETROIT, MICHIGAN.

It will be my purpose to call your attention to the different microscopical changes which occur in the kidney in cases of Bright's disease; and then to illustrate the different stages of the subject mentioned, by the microscopical slides, which I will ask you to examine at your leisure, as they are characteristic of the subject under consideration.

Let me first call your attention to *tubal* or *parenchymatous nephritis*, which constitutes the more acute form of Bright's disease, and which is characterized by the presence of albumen in the urine.

The changes which occur in the kidney have their seat mainly in the cortex.

The inter-tubular changes are interesting. There is at first swelling of the epithelium, often so great as to cause them to approximate each other, even to close the lumen of the tubules. This increased size of the epithelium is due to granular or fatty elements which become so numerous as to compress the nucleus of the cell. This condition is known as "cloudy swelling." There is also an abundant exudation into the uriniferous tubules, many of the cells not retaining their normal connection with the walls of the tubule, they may accumulate and distend the canal.

By some it is supposed that the exudated epithelia are the product of epithelial proliferation. Probably some of the exudate is thus produced, although the majority of the cells must be regarded as having escaped from the blood-vessels. Besides the altered epithelial cells and leucocytes, the tubules contain hyaline casts, supposed to be formed from a metamorphosis of the epithelium.

With this inflammation the vascularity is necessarily increased; the malpighian corpuscles stand out as minute red points, when viewed microscopically. With the substance of the congestion the inflammatory products pass away with the urine and adhere some to the casts and others in masses in different parts of the field, presenting the swollen and granular appearance, as in the earlier stage of the disease. This fatty change in the cells gradually increases in amount as the desquamation continues, until the cells are destroyed and appear as free nuclei or granules.

*A paper read before the meeting of the Detroit Medical and Library Association, June 16th, 1884.

When the kidneys are the seat of repeated attacks of parenchymatous inflammation, the inter-tubular connective tissue invariably becomes involved; of this change I will speak more fully in a few moments.

The changes which occur in scarlatinous nephritis were considered for a long time as identical with those of tubal nephritis. Recent investigations, however, show that this view requires considerable modification, the difference being, that in scarlatinous nephritis the glomeruli are covered with such numerous inflammatory nuclei that hyaline degeneration of the intima producing narrowing of the vessel, occurs. The cloudy swelling of the epithelium in the convoluted tubules is marked, the cells containing a larger amount of free nuclei, granular matter, and even blood than follows cellular infiltration of the inter-tubular connective tissue, resulting in a chronic interstitial inflammation.

Amyloid Degeneration.—The term "amyloid," or starch-like, is rather misleading, since the material is albuminoid in its characteristics, yet the pathology is as yet uncertain of. Many, however, agree that it is produced by certain blood changes due to chemical interference in the blood plasma, as the same change is found in hæmorrhagic clots, independent of, or combined with analagous tissue change.

There are two conditions which appear to be especially concerned in its causation, viz., prolonged suppuration, with chronic ulcerative processes of bone; and syphilis.

It is considered that parenchymatous nephritis usually precedes amyloid degeneration.

The alterations produced in the tissues by this degeneration, are unmistakable.

The change usually commences in the cells of the intima and muscular coat of the arteries, and then gradually advances until the calibre of the vessel is filled with a homogeneous body which has a peculiar translucent appearance.

The calibre of the vessel is necessarily diminished, the circulation through it retarded, and later the artery suspends its function because of occlusion. The casts which are seen within the tubules in amyloid degeneration, are not colored violet-red by the violet of methylene, which demonstrates that their substance is not of amyloid material.

In advanced cases of amyloid degeneration I have noticed that the inter-tubular connective tissue is greatly thickened, has a shining appearance and contains few connective-tissue cells. Whether this change is due to the action of the amyloid substance upon the connective tissue or is the result of the impoverished blood supply, I am unable to say, yet it is my belief that this change is due to the lack of nutrition and the pressure of the new material exercised upon it, causing it to appear œdematous, as the same change in the structure is seen in cases where renal cysts have for a long time compressed the adjoining tissues. (This is noticeable in the specimen Dr. Jamieson will exhibit this evening.)

Catarrhal or Interstitial Nephritis, is that form of inflammation which brings about the changes in the kidneys known as "the contracted kidney," renal cirrhosis, etc. Virchow has described this form as catarrhal, and very appropriately, too, producing as it does, an infiltration of the connective tissue, being associated with the "cloudy swelling," and desquamation of the epithelium, as above described, as occurring in tubular nephritis. Heitzmann describes the nature of interstitial nephritis as "an œdematous infiltration of the connective tissue, causing striation of the cortical substance, the striations being most marked between the cortical and pyramidal substances, the seat of the disease being principally the connective tissue between the tubules."

This form of nephritis is spoken of as a chronic form of Bright's disease, yet an acute stage is described under the microscopical changes, though it may not be noticeable under the clinical examination.

The cells at first are not numerous, and the change is almost entirely limited to the cortical substance. The new growth is most abundant around the malpighian bodies, and in the neighborhood of the capsule. In the first stage the epithelium lining the tubes is unaffected.

The second stage in the process is characterized by the atrophy of the tubular structures. This is mainly due to the pressure exercised by the inter-tubular growth, and to the cicatricial contraction it undergoes, the atrophy not being uniform, but more marked in some parts than in others.

The straight tubes are found to be surrounded by connective-tissue cells containing bright nuclei. Later the tubules become irregularly contracted and filled with epithelium and debris. Some of the tubules may be completely obliterated.

Inflammatory products are seen upon the malpighian bodies, and later the tuft undergoes the same contraction, the capsule becomes thickened, and a croupous exudate may be seen within the space once fully occupied by the tuft.

The irregular contraction of this newly-formed connective tissue gives rise to the formation of cysts. Occasionally one meets a case in which he suspects albuminuria, yet is at a loss to convince himself of the fact, by the failure to get the positive proof which is given by the presence of albumen in the urine.

Albumen, when present, is considered as an important factor in the diagnosis of nephritis.

Dr. Bright seemed to consider the presence of albumen as pathognomonic of this disease, yet grave inflammation may exist, producing even cirrhosis, without the development of albuminuria.

Practitioners are apt to put too great a reliance upon the presence of albumen as a means of recognizing interstitial nephritis. Dr. Bartel reports a case as the only one of the kind that had come under his notice in which albumen was entirely ab-

sent, and where the renal malady was not recognized during the patient's life. In the report of this case Dr. Bartel says that this patient had only been under observation for five weeks before his death, and as the nephritis had evidently had a long existence, as shown from the results of the autopsy, it is unjust to assume that at no period previous to the examination did the urine contain albumen.

Henry B. Millard in his new and able work, says:

"That to rely upon albumen solely as a means of determining the existence or non-existence of nephritis, is to rely on an *ignis fatuus*. It is at best but a coarse and primitive test, insufficient in itself and unsatisfactory, in comparison with the more searching and accurate means of diagnosis.

"Regarded as supplementary to, and used in conjunction with other physical means of diagnosis, and with the rational clinical symptoms, albumen becomes of the greatest value.

"Its persistent absence, also, even when the microscopic indications of nephritis are present, is of importance in aiding to determine how extensive the lesion is, and to some extent to show what part of the kidney is affected."

To assert that well-marked nephritis and cirrhosis may exist without the appearance of albumen in the urine, is a statement which might be regarded as a theoretical assumption. Yet eminent observers have demonstrated by chemical and microscopical observances, the accuracy of this assertion.

Changes which appear in the blood-vessels manifest themselves at first in the endothelium of the arteries. These cells become enlarged and granular. A proliferation of inflammatory corpuscles appears around the vessel, compressing it and lessening the size of its calibre, until finally the artery is transformed into a connective tissue cord.

The changes noticed in the epithelium of the tubercles, are analagous to tubular nephritis.

Suppurative nephritis is most frequently caused by the extension of inflammation from the bladder, or from the ureter or pelvis of the kidney. It may follow diphtheria and acute infectious diseases. The abscesses may be limited to a few or to numerous cavities. They are principally confined to the cortex, and resemble pyæmic abscesses in other organs; they differ, however, in not having a surrounding zone of hyperæmic tissue. When the inflammatory conditions are due to extension, or from vesical or renal calculi, or to anything which impedes the flow of urine, and so causes increased pressure above the obstruction, interstitial changes are seen throughout the kidney, resulting in contraction of the pyramids and a dilatation of the tubules of the cortex, with desquamation, even to the blocking up of some of the tubules with epithelium and leucocytes.

Before closing this paper permit me to say a word as to the nature and formation of urinary casts.

We are still in ignorance as to the chemical composition of casts, but by many it is supposed to be of an albuminous exudate derived from the blood-vessels, which appears in the uriniferous tubules.

This substance encloses or has upon its surface, cellular elements more or less changed.

By the form of the cylinders we are able to place the seat of their origin in the uriniferous tubules. Casts are usually accompanied by albuminuria, yet yet there may be albuminuria without any cylinders. This is noticeable in cases where the medullary portion is firmly cirrhosed.

The chief forms of casts are the following: Fibrinous, granular, hyaline, waxy, epithelial, blood, and uric acid. To give a minute description of each would take too much time, and may give the subject to another paper, at some future date. Yet a knowledge of all the casts is essential in making the diagnosis and prognosis in cases of nephritis, diagnosed by urinary examination.

A Distended Bladder Mistaken for a Possible Ovarian Tumor.*

BY C. HENRI LEONARD, M. D.†

While at the first thought the heading just read seems preposterous, in that such a case should happen, yet I am free to say that, to one only superficially acquainted with the history of pelvic and abdominal enlargements, and their various symptoms, the error is one quite easy to make, if the catheter be not used as an instrument of diagnosis. Indeed, I can imagine cases that without this final method of eliminating a bladder trouble, would puzzle one quite well versed in gynæcological manipulation.

A fibro-cyst of the uterus might also be mistaken for an enlarged bladder, due to inordinate and long-continued distension. The case that I have to report was thought, at times, by the attendant, to possibly be this variety of abdominal growth.

The history of the case, in brief, is as follows: Mrs. X., aged about 32, has been confined to her bed for some six or eight weeks with quite a prominent abdominal enlargement, this enlargement continually increasing, though slow of growth. Before taking to her bed there was constipation of the bowels, some trouble with the bladder, though she seemed to herself to be passing the requisite amount of urine. Some six or eight weeks prior to my seeing her, she had what was, and as I still think, an attack of remittent fever. Coupled with this was a steady, though not very intense, pain in the lower and central abdominal region. This called attention to this point for examination by the regular attendant, and the patient herself. A tumor was seen, though not of very great size; this was painful on pressure, and did not seem to have any connection

*Case reported to Wayne County Medical Society.

†Professor of the Medical and Surgical Diseases of Women in the Michigan College of Medicine.

with the uterus, so far as external abdominal palpation could determine. As the patient was confined to her bed, and with little or no appetite, she gradually became more and more emaciated, and this brought the "tumor" more and more prominently out to the notice of the patient, husband, and medical attendant. She was passing what was considered the normal quantity of water every day, and so neither the attendant nor friends thought of the enlargement as being due to a distended bladder. As time wore on, the pain became excessive and opiates were required; this still farther kept the bowels inactive, and so increased still more, by the filling of the rectum back of the bladder with fecal matter and thus pressing the bladder forwards, the enlargement noticed in the lower portion of the abdomen. With this excess of pain came *dribbling of the urine*, at times, due, as they thought, to the pressure of the tumor upon the bladder. The symptom of "dribbling urine," I would wish to impress upon you is, in ninety cases out of every hundred, due to an over-distended bladder. The bladder is paralyzed and cannot contract to empty itself completely, yet may partially do it, as in this case. Only the day before I saw her she passed as much urine as she was wont to do in health, as she supposed—though evidently she did not; and yet here was this dribbling of water all the night and so much of the day as had passed before I saw her.

As I came into the room she lay on her back with her knees drawn up as far as she could get them towards the abdomen; face was contracted, pain intense over the lower abdominal region, whether pressure was made over it or not; this suggested peritonitis to the attendant; and indeed, the whole look of the patient was that of peritonitis. Her friends had thought she must die, and she had given up all hope herself.

Palpation showed a sharply defined tumor, slightly to the left of the median line—probably pushed there by the sigmoid flexure of the colon. The history, as I got it, led me to announce that the growth had been too rapid for a true cyst of the ovary. I asked if she had passed her water regularly every day, for palpation seemed to show the tumor to be the bladder rather than a fibro-cyst of the uterus—though I have seen them take on as rapid enlargement as had this "tumor." The husband and patient both insisted that it could not be that, as she had passed her water every day; farther, had just passed some just before I came in, and that it had been "dribbling away for a day or so." This was just the point, I told them, that confirmed my impression; the urine had dribbled away because *the bladder was over-distended*.

Pulling out my pocket-case, I adjusted my catheter and told them I would make my diagnosis good in a few moments. The patient did not relish the experiment, for she was "sure I must be wrong." However, the catheter was introduced, when the urine started to flow in a full stream. A teacup was handed me to let it run in. I asked for a larger vessel, when a bowl was handed me. I then said, bring me a pail; by this time they all saw the truth of my diagnosis, and for full ten minutes the water kept running, pressure being gently applied above the pubes to assist the paralyzed viscus to empty itself. Relief from the intense pain came before we had got half through with the hidden fountain that we had tapped.

The full amount taken was beyond what I ever dreamed the human bladder could be made to hold, for it was one large chamber full, and a full half of another.

The patient went into a healthy sleep after we had adjusted a compress, and made up for that lost previously. The organ needed to be emptied for several days with the catheter, but the patient made a speedy and perfect recovery on general tonic treatment.

In a recent number of the New York Medical Journal is the following account of an "Over Distension of the Bladder Mistaken for an Ovarian Cyst." It was reported by Dr. T. A. Emmet:

Dr. T. A. Emmet had received a letter one Sunday afternoon asking him to meet the writer as soon as possible in consultation regarding a case of ovarian tumor, which had existed some six or eight weeks. Dr. Emmett remarked, on receiving the letter, that he could not imagine how an ovarian tumor could develop to a marked size in so short a time. The following Wednesday afternoon was fixed for the consultation, and when he was about to enter the room, a young physician from the neighborhood met him, having been called in hastily while the woman was in convulsions. He said that, as the patient had not passed much water during the day, he hastily put together the two sections of a silver catheter which he had in his pocket, not having the third section with him, and began to draw off the urine. About a quart having escaped, he turned to empty the vessel, when the catheter was sucked from between his fingers up into the bladder. Dr. Emmet found the woman in deep coma. The abdomen was enormously distended, as much so as in any case of ovarian tumor which he had ever seen. The walls were so tense that he could scarcely obtain fluctuation, although it was evident that the distension was due to fluid. He sent out for an elastic catheter, with which he emptied the bladder, whereupon the tumor disappeared. An enormous amount of urine was withdrawn. After the bladder had been emptied, the silver catheter was felt projecting against the abdominal walls as through an ordinary sac. He had little difficulty in removing it with the forceps unobserved. It seemed that before Dr. Emmet saw the patient she had been about the house, and there had been some vesical irritation, supposed to be due to the presence of an ovarian tumor. She was about thirty-four years of age. This was the second case that he had seen in which the catheter had been sucked up into the over-distended bladder during catheterization, and he asked if there was any explanation of a tendency to this accident in this con-

dition. The case was interesting also from a diagnostic point of view. The patient had been going to the closet oftener than usual for nearly two months, passing a little water each time, but there was constantly developing a greater degree of vesical distension, which had been mistaken for an ovarian tumor by one who, under ordinary circumstances, certainly would not make a mistake regarding a tumor of the ovary. Dr. Emmett thought that, as a specialist, he himself might have been misled as to the true condition. He was told that the patient finally died in an apoplectic seizure, the result of renal disease.

Dr. Post said that he had once been called to make a post mortem examination in the case of a female child, four or five years of age, supposed by the attending physician to have been suffering with incontinence of urine. He found the bladder enormously distended with urine, and extending as high up as the umbilicus.

The Etiology of Diphtheria.

BY LEWIS E. MAIRE, M. D., DETROIT, MICHIGAN.

There can be no doubt that the cause of diphtheria is intimately associated with bad hygiene, bad sewage, foul air and general filth. That these influences are potent in the cause and spread of various diseases is an accepted truth in sanitary science. Still it is highly probable that these conditions merely prepare the way for the action of a specific poison, which, acting in the system, produces a train of symptoms which we call diphtheria. What this poison is, still remains, like the specific contagion of many other diseases, incognito.

That the disease is a communicable one, is generally accepted by all. Still this attribute may be very much modified by certain conditions, present among which may be mentioned age, consanguinity and predisposing disease of the respiratory tract. Constant inhalation of air impregnated by the exhalations from diphtheritic patients will often cause the disease in attendants. Age is certainly a predisposing cause. Of late years epidemics and endemics as well as sporadic cases have been confined mostly to children of tender years. The probable cause of this is the natural weakness of the resisting powers. Still there have been epidemics in which diphtheria has attacked all, regardless of age.

Consanguinity, undoubtedly, favors the communicability of the disease. It has often been observed that children of the same family suffer, while those not related but living under the same roof escape. Three cases which came under my observation lately, illustrated this. Two brothers had married two sisters, and each family had one boy, aged two years. These two families represented consanguinity as nearly as it can be found. The child of one became affected with diphtheria, was sick eight days and died from laryngeal diphtheria. Seven days later the father of the remaining child became affected with tonsillar diphtheria and recovered. One week after his recovery, his own child became affected with nasal, pharyngeal and laryngeal diphtheria and died in eight days. These two families occupied the same house. These cases occurred in the immediate neighborhood of a large public school house, using the same lateral sewer in common. The closet which is used in common by the occupants of two double houses, stands at a distance of about twenty-five feet from the school house, being just across the alley.

The disease exists independently of climate or atmosphere, having been observed in low situations and as high as 4,000 feet above the sea level. It occurs in warm and cold climates, although I have not found any recorded cases occurring in the arctic regions.

Is there a specific diphtheritic germ, like that of variola, scarlatina or measles? This appears to be a much-mooted question. On one hand we find such men as Oertel and Letzerich claiming that the disease is due to a minute fungus, and on the other hand other observers have found the micrococci of the same fungus in the secretions from the mouths of those unaffected by the disease. Still this does not disprove the existence of a specific germ. We have not discovered the germ of variola, still no one denies its existence. If there is no specific germ, how do we account for such cases as that given by Dr. Wm. Squire, in Reynolds' System of Medicine,* in which a patient contracted diphtheria by sleeping in a room previously occupied by a diphtheritic patient eleven months before? This case also shows the longevity of the diphtheritic influence.

In the cases already mentioned, occurring in my own practice, the same closet was used by another family in which there had been two cases of diphtheria, a number of months previous. Admitting a specific diphtheritic germ, one that will never produce anything but diphtheria, the question arises, whether it is generated by or originates from decomposing animal matter, *de novo*.

It is an undoubted fact that the entrance into the system of decomposing animal products, will always cause disease sooner or later, if it is continued. Many epidemics of diphtheria have been traced to this source. The epidemic occurring in Vermont, in 1879, and thoroughly investigated by the National Board of Health, clearly showed the cause to be largely due to the pollution of brook-water used for drinking purposes by the school children. The carcasses of a dead horse and a number of sheep had been thrown in the brook by a careless farmer, and when the hot weather of April and May arrived, it caused rapid decomposition with thorough pollution of the stream.

The poisoning of streams by decomposing substances from manufactories has been known to cause the death of all the fish in them. If this is true, certainly much danger will follow the free

* Vol. 1, page 379.

drinking of such water. The analysis of the water drank by the school children in the Vermont epidemic, failed to show anything more than is usually found in water impregnated with sewage. My own opinion is, that there is a specific influence, call it germ if you will, that by preference attaches itself to or finds a nidus in decomposing matter, this being the natural element requisite for its growth and development. This principle, if I may so call it, in one way or another finds its way into the system, and in this way we have the occurrence of epidemics, endemics or sporadic cases, depending on the number who have been exposed to its influence. The intimate connection between human excreta and the germs of diphtheria is illustrated by the case given by Prof. Bossi, in which a greyhound was seized with symptoms, akin to those of diphtheria, four days after swallowing the excrement of a child who died of that disease. After death a membranous exudation was found on the animal's fauces.

The case given by Lionel S. Beale, in his work on "The Microscope in Its Application to Practical Medicine," in which he found a very thick diphtheritic membrane upon the surface of the tongue and pharynx of a pig, further illustrates that the disease may attack the lower animals when they are properly exposed to its influence.

Such instances show us that we should in every case use great precaution in thoroughly disinfecting all excreta of diphtheritic patients, before throwing them into vaults to be carried further on to infect others at the earliest opportunity.

If the theory advanced in this paper be correct, our attention should be directed to preventative measures. We should have better and quicker means to remove garbage and all decomposing matter; a thorough system of sewerage; obtain our drinking water above any possible source of contagion. Thorough isolation of patients and disinfection of all surroundings, clothing, excreta as well as every room in the house should be insisted on.

Forceps versus Nature.

BY W. A. MCCOY, M. D., MADISON, IND.

In the MEDICAL AGE of June 25th, Dr. VanHorn presents a subject of immense importance to the lying-in woman, and I desire to record my approval and endorsement to the thoughts therein expressed.

We are living in a fast age, an age of steam and lightning, and sometimes we grow tired of waiting. When we feel that with forceps we could, in a few minutes, terminate a labor that, if left alone, would require hours, perhaps, we are strongly tempted to interfere, not so much on account of our patient as on our own account, to save time.

My experience of eighteen years in the country and in the city, and among every class of people, has led me to believe that it is but seldom the forceps should have a place in the lying-in chamber.

I have used them but seldom in my own practice, and have no regrets because of not having used them oftener; but on the contrary, I have used them where I would not do it now under similar circumstances. It is a good thing to be expert in the use of instruments, provided one does not acquire his skill at too great a cost to confiding patients.

Show me the man that uses forceps in every case of labor that is a little tedious, and I will show you a man whose practice will yield a rich fruitage for the gynæcologist. I care not how expert he is, he will have more lacerations of the os and perineum than he will get repaired right soon, not to say anything about other diseases that follow in his train.

I know men who boast of their rapid deliveries. How do they accomplish them? The question is an easy one to answer: Ergot and instruments are the means, but at what a fearful cost to the mothers!

Dr. VanHorn usually takes his forceps with him. It may be well enough for him, but I think, as a rule, if instruments were left in the office there would be fewer post partum troubles. Many times we get anxious to get away, and if the means are at hand we permit ourselves to be tempted above what we can bear, or, rather, what we do bear, and take the job into our own hands.

I am of those who believe in giving nature a chance to do her own work, and the more heed we give to her methods, the less use will we have for forceps.

Cases of dystocia will occasionally come in our way that will afford us ample opportunity to display our skill, and if we do our duty with those, we will do well, and should be content.

Embolus as a Sequel of Scarlatina.

BY H. W. CHAMPLIN, M. D., CHELSEA, MICH.

The case reported by Dr. C. B. Chapin, in MEDICAL AGE, July 10—"An Unusual Result of Scarlet Fever"—although truly unusual is not unaccountable, in the light of modern pathology. It would be interesting to know whether the doctor made repeated tests for albumen. He reports no albumen when he first saw the patient, before desquamation began. I believe that repeated, careful analyses would have revealed albumen. Now, granted that there was albuminuria, there was a resulting disproportion in the constituents of the blood, and, as usual in this state of affairs, which often occurs, not only in scarlatina, but also in Bright's disease, diphtheria, phthisis, etc., serious results often follow. Nature is sometimes sufficient to the task of eliminating the constituents in excess, and, perhaps, always makes an effort to do so. Roberts says (Theory and Practice, pages 162 and 163) that fibrin is sometimes in excess and sometimes deficient in the blood of scarlatinal patients. Fibrin is, undoubtedly, eliminated in the renal casts. Klein reports a case of emboli in the arteries, in nephritis from scarlatina.

He has also found fibrinous thrombi in the veins and the glands of the neck.

Now as nature makes an effort to right matters, as we see by the fibrinous exudate in diphtheria (Gregg), and by the elimination of water or the escape of a serous fluid into the cavities of the body, in other diseases, so from a failure on the part of nature, we often meet with trouble, as in the case of Dr. Chapin. Albuminuria probably occurred in this case between the time he first saw the case and his call on Sunday, resulting in embolism, as we have good reason to believe that such a result may occasionally follow in albuminuria (see Ashhurst's Cyclopædia of Surgery vol. 3, p. 353, and vol. 2, p. 312.) The writer has had no experience in any case similar to Dr. Chapin's, but is reminded of a case which he examined post mortem. There had been, during life, a loss of albumen, and an autopsy revealed a fibrinous clot, partially organized, entangled in the chordæ tendineæ, and extending through the valves into the aorta.

Detroit Medical and Library Association.

Regular Meeting, June 16th.

David Inglis, M. D., Vice-President in the chair.

Dr. Geo. Duffield read a paper upon "The Microscopical Changes in the Kidney in Cases of Bright's disease, (see page 218,) and then illustrated his subject by microscopical specimens.

Dr. McGraw: I have had an interesting case under consideration for some ten years, which illustrates a portion of the paper which we have heard, there being quantities of hyaline casts without albumen. The patient had been subject to attacks of hypochondriasis and indigestion. Had had a scirrhus of of the breast, which I removed. There has been no recurrence whatever. Attacks of indigestion have been present at times. Patient has had pneumonia and has recovered.

I had repeatedly given the ordinary tests for albumin, viz. heat and nitric acid, but with negative results. Fearing some nervous derangement I called consultation, and a careful examination of the urine, microscopically, showed large numbers of casts.

The chemical test showed only a slight cloudiness due to albumen. Casts, I think, are found in urine very frequently; practitioners usually think them a grave indication of renal disease, yet this case goes to show that the prognosis is not as bad as is often supposed. This patient lives on in apparently good health without the anasarca, or dropsies which usually accompany chronic nephritis.

Dr. Walker reported a case where there was a large amount of albumen but no casts.

Dr. Walker exhibited and described a new instrument for evacuating the fragments of stone from the bladder after the operation for crushing.

Dr. Chapoton reported a case of extraordinary hæmatemesis. He thought it to be caused from cirrhosis of the liver and due to a general oozing of the blood from the mucous membrane. Œdema and anasarca were present.

Dr. Jennings reported a case of an infant of 12 months which he had treated soon after its birth for hereditary syphilis.

The child, when he saw it, was emaciated to such a degree that he did not think it could live twenty-four hours. But knowing the history of the family to be specific, he gave 1-64 gr. of the bichloride of mercury every hour, with the iodide of potash. The child began immediately to improve, and rapidly gained flesh.

Dr. McGraw asked Dr. Jennings how thoroughly do children who are thus affected with congenital syphilis, recover in after-life.

Dr. Chapoton replied that he had a case which in infancy was much the same as the one described by Dr. Jennings, but apart from a subacute conjunctivitis and a thickened condition of the joints, the child is as healthy as other children of her age. He used Donovan's solution in the treatment of this case.

Dr. McGraw: Illustrative of the resisting power of some people against the infecting organisms, I will describe a case:

A woman from down the river was brought to my office by her family physician, who had discovered a large cauliflower excrescence growing from the cervix uteri, and involving the adjacent tissue. The patient had been confined six months previous.

I advised a palliative operation, which often extends the life of the patient for some months. I removed the largest part of the growth with a pair of blunt scissors. Examining I found an opening into the abdominal cavity, which admitted my two fingers. Stopping the hemorrhage, which was considerable, I dressed the wound with sublimated cotton. The woman has not had a bad symptom from that day to this.

Dr. McGraw also reported a case that had come under his notice at St. Mary's clinic. A man, æt. 40, was much emaciated, and had a deep ulcer, and induration involving the whole one side and thickness of the tongue; not unlike cases of cancer that he had often seen. The question arose, was this syphilis, cancer, or tuberculosis? It being late, and he being in no condition for an operation, he was sent to the hospital and placed upon the anti-syphilitic treatment. Dr. Geo. Duffield examined the secretion of the ulcer, and found the bacilli of tubercle. Dr. Shurley has also found phthisis present, but thinks the case to be one of specific origin

A report from the Advisory Council suggesting that the society institute a series of debates on the different medical subjects of the day, which were interesting every one, was adopted.

Adjourned.

Geo. Duffield, M. D.

Secretary.

The Medical Age.

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Newer Methods of Treating Diphtheria.—Although we have devoted a very considerable portion of our space during the past year or more, to the consideration of this question, we do not feel it necessary to apologize for again referring to it. Until some much more satisfactory treatment of diphtheria than any which has been heretofore employed, is discovered, the discussion of the subject will always be in order. In the present instance we lay before our readers a resumé of a lengthy and exhaustive paper thereon, read by Dr. A. Jacobi, before a recent meeting of the New York Academy of Medicine. Dr. Jacobi has, through his monograph on diphtheria, issued in 1880, with which our readers are, doubtless, generally familiar, won for himself a position in the first rank among the authorities on this subject. His present paper is particularly interesting because of its statement of certain modifications of views entertained by the author since the appearance of his more systematic treatise. He also takes occasion therein to emphasize some important points previously advocated. Among the latter we may mention his fidelity to his original belief in tracheotomy. When, in 1883, he declared his opinion of this operation, he was accused of cutting altogether too many throats. Since then, however, the drift of medical opinion has gradually changed, and there are few practitioners of any considerable experience, who have not within the past few years, demonstrated the value to the procedure. For himself, he has now performed tracheotomy over four hundred times, while he has witnessed it in several hundred other cases, and the result of his experience and observation but confirms his original opinion of its value. He would as soon think of refusing to cut a man down who was hanging by a rope around his neck, as to refuse to perform tracheotomy in the case of a fully conscious child, gasping, raving for air, and slowly strangling in its nurse's arms.

Referring to the use of pilocarpine, which was received with considerable favor on the recommendation of Gutmann, Dr. Jacobi declares that the trials which it has been accorded have not corroborated its introducer's opinion. While it certainly assists in the removal of the membrane, through the maceration caused by the increased secretion of saliva, it also acts as a cardiac sedative, and is thus very highly objectionable in the asthenia of such a disease as diphtheria.

Steam inhalations are useful in properly selected cases, but their indiscriminate use is liable to cause serious mischief. While they are, doubtless, beneficial through the maceration which they cause of the diphtheritic membrane, they also cause a softening and lowered vitality of the surrounding parts, thus favoring the spread to such parts of the disease. When the membrane attacks the trachea and bronchi, inhalations are more serviceable than they are in the case of the involvement of the vocal cords. The latter have no muciparous glands like the former, in which they are copious. Wherever there is pavement epithelium on the normal surface, and where the membrane is imbedded into the tissue, steam can hardly be expected to do good. In other cases it, doubtless, will. When steam is applied, however, it must not be administered without air. When it can be given without reducing the required amount of oxygen, all is well; but when respiration is annoyed, or interfered with, the contra-indication of the steam is equal to the indication in more favorable cases.

As touching the use of turpentine in croup and

diphtheria, Dr. Jacobi regards it as a remedy of very considerable importance, and especially when employed as an adjuvant to other treatment. The peculiar volatility and penetrating nature of its vapor render unnecessary the usual method of inhaling the oil. He has found it quite sufficient to add a tablespoonful, more or less, of the rectified spirits or oil to water which is kept constantly boiling in the room, on a stove or over a alcohol lamp or gas jet. By these means the room is constantly filled with the penetrating odor of turpentine, which is not at all disagreeable, even when in great concentration. He has, in some instances, erected a tent over the bed, in which the alcohol lamp, with the boiling water and the turpentine, may be placed, thus permitting the more concentrated application of the remedy.

Not in the least interesting part of Dr. Jacobi's paper, however, and especially in connection with the popularity which the bichloride of mercury has latterly received as an antiseptic, in the treatment of all diseases due to a bacillus, is that which discusses the use of mercurials in diphtheria or membranous croup, which diseases Dr. Jacobi holds to be practically identical. The following are the conclusions drawn from extended remarks in this connection:

First, the mercurial treatment of membranous croup promises good results. Second, the bichloride appears to be the best preparation for this purpose. Third, the remedy should be given early, and frequently repeated. Fourth, the bichloride should be well diluted (about one to three thousand). Fifth, to babies, about half a grain should be given in the 24 hours, and as a rule its administration may be kept up for many days, if necessary, without bad effects. Sixth, stomatitis or salivation is very rarely observed, and gastro-intestinal disturbances are not frequent under its use. Seventh, if any unpleasant consequences result from the bichloride, inunction by the oleate of mercury is advised in its place. Eighth, if the treatment of diphtheritic disease be undertaken in time, croup may often be prevented, as this is believed to be due to descending pharyngeal diphtheria.

In connection with the above resumé of Dr. Jacobi's paper the following abstract from a translation by. Dr. S. Solis Cohen, of a paper by Dr. Delthil, presented to the Academy of Medicine, of Paris, March 25, 1884, will be read with peculiar interest. Of the paper itself, the translator remarks, that he arose from the study of the views therein presented, with a strong pre-possession in favor of the author, and a decided disposition to test the practice upon suitable occasion. After discussing the various methods employed in the treatment of diphtheria by inhalation, and pointing out the inherent evils, which make them objectionable, Dr. Delthil, gives the remedies and method, which, in his experience, contain none of these draw-backs. Persuaded that the carbides liberated by the combustion of turpentine and of gas of coal-tar, are capable of absorption, without danger, and that they penetrate the respiratory tract; believing too, that this is equally true of the free carbon carried up by the vapors, as illustrated by the anthracosis of miners, he conceived the idea of setting fire to a mixture of tar and turpentine. This produced the happiest results, rapidly; in the case in hand the false membranes became softened, the catarrhal period was established in a few minutes, and particularly remarkable, the fumes though so thick as to obscure the light did not produce cough. The volatile hydrocarbons of empyreumatic products impregnate the mouth, the nasal fossæ, the larynx, the trachea and the bronchi. In the five cases which form the basis of his paper, this treatment resulted in the recovery of all of them, and this, too, notwithstanding the fact that this treatment was adopted in several instances, as a *dernier ressort* when death seemed imminent, after the use of other remedies. In employing this treatment proper precautions must be taken against fire. The apparatus employed was of the most primitive character, the coal-tar being merely mixed in a vessel sufficiently strong, and ignited. The placing of the vessel containing the mixture, inside of a larger vessel will materially reduce the risk from accident. The following proportions, to be modified according to exigencies, are recommended by Dr. Delthil: Gas-coal-tar 200 grammes (℥ vj); essence of turpentine, 60 grammes (℥ ij). This mixture may be renewed every two or three hours, according to the gravity of the case. Fumes are said to be easily supported by the persons in attendance upon the patient, and act even as a prophylactic against contagion. Resorted to in time, Dr. Delthil maintains that this treatment will obviate the necessity of tracheotomy, and that in desperate cases, its employment with tracheotomy, will materially improve the chances of recovery.

Some Facts in Connection with Gonorrhœa.—Gonorrhœa is a subject of perennial interest, and although the disease has long been upon the nosological list, and been subjected to the greatest variety of treatments, there seems as yet to be no consensus of opinion in the profession, regarding the most effective means of restoring the infected urethral tract to its normal condition. This unsatisfactory status of therapeutic views is, doubtless, very largely owing to the difference in opinion which prevails touching the more exact etiology of the affection and the pathological changes which characterize the fully-developed disease. In view of this status any observations calculated to throw light upon obscure or disputed points, will be of interest, and for this reason a paper read before the Philadelphia County Medical Society, by Dr. J. William White, on the subject of gonorrhœa, is more than ordinarily valuable. Dr. White refers to the two opinions which exist touching the nature of gonorrhœa. According to one of these, the disease is the result of a specific poison, while the other holds that it may arise also from the contact of any

form of pus. As antagonizing the view which regards it as a specific inflammation of the urethra, we have the facts that it has no fixed period of incubation, the disease being liable to supervene at any time from a few hours to many days after exposure. One attack, moreover, does not protect against a second attack, as in the case of diseases of whose specificity there is no question. Specific diseases also run a definite and self-limited course, and as a rule have some characteristic lesions, in which respects gonorrhœa again differs. The argument most powerful against the view that the disease may result from contact with purulent discharge, is in the fact that husbands may for an indefinite period have licit indulgence without infection, with wives who are afflicted with purulent leucorrhœal discharges. Ricord attributed this immunity to a sort of acclimation, but this explanation will not meet the case of newly-married men, whose wives are troubled with purulent leucorrhœa. Probably pus is not poisonous in itself, but as it exists in the discharges of leucorrhœa, may take on virulent character through excesses and irregularities, or through other disturbing causes on the part of the woman. The pus as it is secreted in the case of the virtuous married woman, is probably not contagious, but under the erethism and other disturbances of kept women or unfaithful wives, it is apt to assume virulent properties. In the case of prostitutes, the frequent use of the syringe, and other measures for ensuring cleanliness, are matters of business, and we have thus accounted for, the well-known fact that these women are less apt to communicate gonorrhœa than are those who strive to maintain before the public the semblance of virtue.

Dr. White distinguished three forms of gonorhœa: The acute inflammatory form, the subacute or catarrhal form, and the irritative or abortive variety. In the first form ardor urinæ and chordee are prominent symptoms. Ardor urinæ has been attributed to stretching of the urethra, and also to the irritative effects of the ingredients of the urine. The latter is the most probable cause, as seen in the fact that alkaline diuretics, which increase the quantity of urine, diminish also its acidity, and by the latter action diminish the pain. Various theories have been proposed to account for chordee. That which is now the more generally accepted theory is that the trabeculæ of the spongy portion are obstructed with lymph, and in this way their equal distention with venous blood is prevented. Other complications of the acute inflammatory form of gonorrhœa are balanitis, prostatitis, and epididymitis. The duration of this form is not commonly less than three weeks, the stages being two—the acute stage, occupying a week, and the subsidiary, about two weeks. A very common error commited by young practitioners, is to give a too favorable prognosis in these cases—promising a cure in a few days.

Gleet and urethral stricture are most apt to follow the subacute, or catarrhal form, the symptoms of which are less violent than those of the acute variety. The chief complication of this form is gonorrhœal rheumatism. Various theories have obtained touching the nature of this complication. By some it has been held to be metastatic, the inflammation leaving the urethra to attack the synovial membrane. Other theories have been propounded, but without enumerating them, let it suffice to state that the now prevalent view is that which holds the affection to be a septicæmia. This explains why it occurs in the long cases, and in consequence of the greater length and more absorptive character of the male urethra compared to the vagina, the greater frequency in males is accounted for. The clinical difference between gonorrhœal and ordinary rheumatism are also in favor of the septicæmia view.

It is because of the existence of the irritative or abortive variety of gonorrhœa that various plans of abortive treatment have achieved their reputations. Out of every thirty cases of the disease, perhaps four or five will never progress beyond the premonitory symptoms, when even only the expectant plan of treatment is pursued.

The above clinical facts contain suggestions which will be utilized by the practical observing physician.

In this connection we take the opportunity of producing a prescription by Dr. J. Mortimer Granville, for a variety of urethral troubles known by the several terms ending in "-rhœa." These affections are common underlying causes of "mind worry and nervousness." When other remedies have failed in these cases, Dr. Granville has found an injection of a freshly-prepared infusion of saxifrage leaves to answer an excellent purpose. He prepares the infusion by adding one part of the leaves to ten of water, the temperature of which is 98 degrees Fahrenheit. To three ounces of this he adds one of glycerine, and uses the injection twice a day.

The Influence of Beverages on Peptic Digestion.—In a report on the recent progress in physiology, furnished the Philadelphia Medical Times, by Dr. Robert Meade Smith, the reporter gives observations on the effect of the ordinary beverages, on the rapidity and completeness of the digestion of food by the stomach. As observed by Dr. James W. Fraser, it was found that all of the infused beverages retarded the digestion of all meats which were subjected to experiments, with the exceptions of white of egg, and ham, in presence of coffee, and fish in the presence of cocoatina and cocoa. Under this general rule some exceptions were noted, viz., that tea and coffee have much less action on the meats usually eaten at breakfast (eggs, salt beef, and ham), than on other meats; that coffee has less action on these meats, as a rule, than tea; that cocoatina has more retarding action than either coffee or tea, and the same subdivision into a class of breakfast meats, and a class of other meats is noted, but less markedly than with tea and coffee; and that cocoa and chocolate retard the digestion of

meats more than any of the former beverages, and no subdivision into classes is to be noticed in their case.

The cause of this retardation is laid in the fact that tea reduces peptic action chiefly by its tannic acid, which acts by coagulating the albuminoids which have escaped the action of cooking, by tanning the gelatinous parts of the meat and causing them to contract and press on the albuminoids, by removing the pepsine itself entangled in the precipitates formed, and by precipitating syntonin and peptone as formed. The assistance furnished by coffee to the digestion of ham and white of egg, is supposed to depend upon the power of its alkaloids to assist proteolytic action. The interference with its action in the case of the digestion of other meats is due to its caffeo-tannic acid and volatile oil. The effect of cocoa appears to be midway between that of coffee and that of tea.

The addition of cream and sugar to these beverages reduces the retarding action of tea on digestion, but increases that of cocoa; and coffee appears to have its action reversed by these additions.

The practical conclusions from the experiments, as reported, may be stated as follows: If at any meal containing albuminoid matters, one of the beverages named be drunk instead of water, a reduction in the amount of peptone produced, will occur; therefore as such beverage decreases the nutritive value of foods, a larger amount of food is required to preserve the nutritive balance, and by the amount of undigested matter which remains in the stomach, dyspepsia is apt to be produced. The cocoas yield more nourishment than the coffees and teas, and as they retard the digestion as little as any infused beverages, they may be said to be most suitable to cases where economy must be practiced in the amount of food eaten.

Infused beverages manifestly should not be taken at meals which consist largely of animal food. This requirement has come to be very generally followed out, and most people make this undesirable combination only at breakfast, and Dr. Fraser has shown that the usual breakfast meats are those least acted upon in digestion by tea or coffee, the latter under such circumstances being preferable. In acid dyspepsia tea, from its power of reducing the consumption of the acid, is the worst beverage; coffee is neutral; and coca would be the best from its increasing the consumption of acid, though if there is any tendency to the lactic acid fermentation, cocoa should be avoided on account of the sugar which it contains.

THE NATURE AND TREATMENT OF SEA-SICKNESS.—Necessarily, in view of the vague conceptions of the pathology of sea-sickness, or rather, indeed, the entire absence of any defined views thereon, the treatment of this affection has been extremely empirical, and both pharmacopœial and extra-pharmacopœial drugs have been blindly administered for its relief. It is, therefore, with more than ordinary pleasure that we read an article in the Lancet, of June 28th, by Dr. T. T. Reynolds, of the steamship City of Chicago, in which are contained some rational views as to pathology and a treatment based thereon, which, in the extensive experience of that gentleman, has proven quite satisfactory. The co-ordination of movements depends principally on the action of the corpora quadrigemina, the cerebellum and the medulla oblongata affected by the ordinary sensory impressions, and also by what Foster calls "the afferent impulses, as it were, of a new sense" from the semi-circular canal arising from variations of pressure in their ampullæ. The pitch and rolling of the ship, Dr. Reynolds maintains, cause the pressure on the ampullæ to vary greatly, and thus interfere with the ordinary afferent impulses by which the body is balanced. Consciousness can influence co-ordinating mechanism, and set right the confused condition caused by the disturbed sensory impressions. This corrective power of the conscious *ego* may be acquired or strengthened by experience, as is seen every day among sailors and passengers. There is an impression that deaf people are not liable to sea-sickness. Dr. Reynolds has found that the liability, or non-liability, depends upon the nature of the deafness. When the infirmity is the result of otorrhœa, immunity exists. When, however, it is traceable to other causes, the deaf person is equally liable with one whose hearing is intact. This fact proves the correctness of the theory of the pathological condition above stated, and conforms also with the physiological fact, that the afferent impulses from the semi-circular canal do not give rise to auditory sensations. When deafness is the result of otorrhœa, we may suppose that the person learns to balance himself without the intervention of this new sense, referred to by Foster, and, therefore, not depending upon it; when on shipboard, he is not affected by the perversion of it, caused by the ship's movements. The avoidance of sea-sickness may, therefore, be said to be due to the mollification, or nullification, of the sensory impressions of those at sea by the conscious *ego*, this consciousness being either natural or the result of education or experience.

The first symptom of sea-sickness is excessive glandular action, the salivary glands being thus soonest affected. Afferent impulses from the secretion center in the medulla descend by the chorda tympani, and excite this salivary secretion. Now, we know that atropine paralyzes the secretion center in the medulla, and if given early in sea-sickness, we find that it cures the affection. The sedative action of the drug on the medulla renders altered sensory impressions inoperative in producing sea-sickness. To secure its best effects, it should be should be given upon an early investigation of the symptoms. Its employment in the more developed stage of the disease is not so beneficial, although it does, to a marked degree, modify the severity of the symptoms. It should be given in small and frequently-repeated doses, as, for instance, one drop of

liquor atropia sulphatis (B. P.) every hour, until the physiological effect of the drug is produced.

The occurrence of sugar in the urine has been frequently observed. This is due, probably, to the irritation of the diabetic center in the medulla. The best treatment for this condition, Dr. Reynolds has found to be four minim doses of Fowler's solution, given three times a day.

It is necessary, in addition to the drug employed, to administer such food and stimulants as may be necessary to guard against the depressing and debilitating effects of the sickness. Solid food should be avoided for this purpose, and the patient should be kept exclusively on liquid diet.

Referring to the action of bromide of potassium in the prophylactic and curative treatment of seasickness, as recommended by the late Dr. Beard, Dr. Reynolds, while admitting sedative action on the brain by this drug, is of the opinion that the dangers attaching to the large doses which are necessary to secure its beneficial action, are greater than the gravity of the affection warrants. To be of any service, bromism must be produced, and this a very serious condition—one liable to affect the reason and general health most injuriously. Dr. Reynolds reports several cases, in which patients, acting upon the advice "to purchase a pound of bromide of potassium, and to take as much as 90 grains a day before coming on board, and to keep up a bromised condition during the voyage," have induced serious nervous disturbances, amounting, in one instance, to insanity, which lasted for seven days.

Tonic Formulæ.—The following tonic formulas are very highly recommended by Dr. Müller, of Cross Plains, Wis.: Basham's iron mixture, with the addition of fractional doses of strychnia, will be found very admirable in its effects. There are so many indifferent recipes for making this celebrated mixture that I shall here give the one which seems to me to be the best:

℞. Tinct. ferri chloridi.....fl. ʒ iij.
Acid acetic. diluti.....fl. ℥ ss.
Liq. ammoniæ acetat....fl. ℥ iijss.
Curacoæ.....
Syr. simplicis.....ää fl. ℥ j.
Aquam, ad.....fl. ℥ viij.

M. Sig.—Dose: One tablespoonful after each meal.

The following formula makes another very elegant and generally useful preparation of iron:

℞. Tinct. ferri chloridi.....fl. ʒ ij.
Acie. phosphorici diluti...fl. ʒ iij.
Spts. limonis.....fl. ʒ j.
Syr. simplicis.....fl. ℥ ijss.
Aquam, ad.....fl. ℥ vj.

M. Sig.—One tablespoonful after each meal.

The dilute phosphoric acid is added both because it is a valuable nerve tonic and because it has the property of disguising the styptic taste of the iron; so much so that children readily take this mixture.

There are two other tonic preparations which are prescribed very frequently in the Hospital University of Zürich (Switzerland), and with capital results. One of them is Meier's pill, which Dr. Müller extols very highly:

℞. Pulv. ferri sulphat. exsiccat.....
Potass. carb. puræ.....ää ʒ ij.
Syr.....q. s.
Ut. fiat massa dividenda in pilulas No. xlviij.

During the first three days one pill is to be taken after each meal. On the fourth day four pills are taken during the day; on the fifth day five pills; on on the sixth day six pills, that is to say two pills after each meal. For three days more six pills are taken daily; then the dose is to be increased by one pill daily, until three pills are taken after each meal. On this final dose the patient is kept for three or four weeks, as the case may be. In stubborn cases I have occasionally run up the dose to the number of five pills thrice daily, and have seen no other bad effects from it than a feeling of fullness in the head. This immunity is probably owing to the conversion of the iron sulphate into a carbonate.

The other preparation is a valuable alterative tonic, for the formula of which Dr. M. is indebted to his friend Dr. A. H. Trousseau:

℞. Hydrarg. chloridi corrosivi..gr. i.-ij.
Liq. arsenici chloridi.....fl. ℥ j.
Tinct. ferri chloridi.....
Acid. hydrochlorici dil..ää fl. ʒ iv.
Syrupi.....fl. ℥ iij.
Aquam, ad.....fl. ℥ vj.

M. Sig.—One dessertspoonful in a wineglassful of water after each meal.

Anæmic and chronic patients will fatten and thrive wonderfully on this mixture,—the mixture of four chlorides. It should not be given for a longer period than two weeks at a time.

At the late meeting of the Ohio State Medical Society, a resolution was introduced favoring the establishment of a State Board of Medical Examiners in whom alone should reside the power to confer the degree of doctor of medicine. A member, in all seriousness, moved to amend the resolution by providing that "no man shall serve on the said board until he has won his position by a competitive examination, made by a committee appointed by this society, said examination to be conducted orally and in public, at the capitol of the State." That was a "sticker" for the Buckeyes, and rather than let the public know just how much they knew about medicine, they incontinently voted down the amendment and the resolution, and everything connected with it.

TWO MEMORABLE EPITAPHS.—The following was written by Dr. David W. Yandell, of the American Practitioner:

IN MEMORIAM.

WITHIN THIS URN LIE THE ASHES OF

SAMUEL DAVID GROSS

A Master in Surgery

His life, which neared the extreme Limits of the Psalmist, was one unbroken process of Laborious Years.

He filled Chairs in Four Medical Colleges in as many States of the Union, and added Luster to them all.

He recast Surgical Science as taught in North America, Formulated anew its Principles,
Enlarged its Domain,
Added to its Art, and imparted fresh Impetus to its Study.

He Composed many Books, and among them

A System of Surgery

Which is read in different tongues, wherever the Healing Art is practiced.

With a Great Intellect, carefully trained and balanced,
He aimed with undivided Zeal
At the Noble End of Lessening Human Suffering and Lengthening Human Life,
And so rose to the Highest Position yet attained in Science by any of his Countrymen.

Resolute in Truth, he had no Fear, yet he was both Tolerant and Charitable.

Living in Enlightened Fellowship with all Laborers in the World of Science,
He was greatly Honored by the Learned in Foreign Lands and deeply Loved at Home.

BEHIND THE VEIL OF THIS LIFE THERE IS A MYSTERY WHICH HE PENETRATED ON THE

Sixth day of May, 1884

HIS MEMORY

Shall Exhort and his Example shall Encourage and Persuade those who come after him to Emulate Deeds which, great in themselves,
Were all Crowned by the Milkwhite Fower of a

Stainless Life.

The following epitaph was written by a Dr. Godfrey, who died in Dublin in 1755:

Here lieth, to digest, macerate, and amalgamate into clay,
In Balneo, Arenæ,
Stratum super Stratum,
The Residuum, Terra damnata and Caput Mortuum,
Of BOYLE GODFREY, Chymist and M. D.,
A man who in this Earthly Laboratory pursued various Processes to obtain Arcanum Vitæ,
Or the Secret to Live:
Also Aurum Vitæ,
or the art of getting rather than making gold.
Alchymist-like, all his Labour and Projection,
as Mercury in the fire. Evaporated in Fume, when he Dissolved to his first principles.
He departed as poor
as the last drops of an Alembic; for Riches are not poured on the adepts of this world.
Though fond of News, he carefully avoided the Fermentation, Effervescence, and Decrepitation of this life. Full seventy years his Exalted Essence was hermetically sealed in its Terrene Matrass; but the Radical Moisture being exhausted, the Elixir Vitæ spent, And exsiccate to a Cuticle, he could not suspend longer in his Vehicle, but precipitated Gradatim, per Campanam, to his original dust.
May that light, brighter than Bolognian Phosphorus,
Preserve him from the Athanor, Empyreuma, and Reverbatory Furnace of the other world,
Depurate him from the Fœces and Scoria of this,
Highly Rectify and Volatilize his æthereal spirit.
Bring it over the Helm of the Retort of this Globe,
place in the proper recipient or Crystalline orb,
Among the elect of the Flowers of Benjamin; never to be saturated until the General Resuscitation, Deflagration, Calcination, and Sublimation of all things.

THE WASTE OF SEWAGE.—The method of disposing of the excreta of a large city involves questions, both of a sanitary and of an economic nature. Under the influence of heat and moisture the dejecta of the human being, unquestionably, acquire toxic properties, and the products of their decomposition contaminating the air, both give rise to distinctive diseases and through their depressant action, place the system in a condition peculiarly susceptible to causes of diseases coming from other sources. These facts have long been familiar to sanitary authorities, whose efforts have been untiring in devising means, and promulgating a knowledge thereof, for preventing the return to the system of deleterious gases resulting from the combination of causes indicated.

From the economic point of view it would seem to be extremely important that the earth should receive as largely as possible all that has been taken from it after it has served its purpose of nourishing man and beast. A constant drain upon the soil, without the return to it of material which has been taken from it, must inevitably result in its poverty. In newer countries the evils of failure to thus re-

plenish the earth are not suficiently palpable to arrest serious attention, but the time will come when the importance of attention to it will manifest itself.

There is an evidence of profound wisdom in the fact that the best means of preserving the fecundity of the earth is the strictest conformity with the best hygienic regulations, and when there comes to be a proper harmony between sanitarians and political economists, the waste material, which is now worse than wasted, will be returned to the source whence it was originally derived. In his inimitable novel, Les Miserables, Victor Hugo discusses this great question with his characteristic ability. Referring to Paris, he says, that that city alone throws twenty-five million dollars a year into the sea, through the channel of its sewers. After long experiment, he says, science now knows that the most fertilizing and the most effective of manures is that of man. Much to our shame the Chinese knew this fact before it was known to us, and their utilization of it has preserved the earth in China in as youthful a condition as it was in the days of Abraham. "There is no guano comparable in fertility to the detritus of a great city. If our gold is filth, then on the other hand our filth is gold. But we convey this wealth at great expense into the sea, while we send convoys of ships, also at great expense, to gather up at the south pole the droppings of petrels and penguins, thus going great distances for the incalculable elements of wealth which we have under our own hands. All the human and animal manure which the world loses, restored to the land, instead of being thrown into the water, would suffice to nourish the world. The refuse which makes fetid our streams is the flowering meadow, the green grass; it is the majoram, and thyme and sage; it is game; it is cattle; it is the satisfied low of huge oxen at evening; it is perfumed hay; it is golden corn; it is bread on your table; it is warm blood in your veins; it is joy; it is life. Statistics show that France alone makes a liquidation of one hundred millions every year into the Atlantic ocean from the mouths of her rivers. The cleverness of man is such that he prefers to throw his hundred millions into the gutter. It is the very substance of the people which is carried away, here drop by drop and there in floods, by the wretched vomiting of our sewers into the rivers, and the gigantic collection of our rivers, into the ocean. Each hiccough of our cloaca costs one thousand francs. From this comes two results—the land impoverished and the water infected, hunger arising from the furrow, and disease arising from the river. A system of elementary drainage as simple as the lungs of man, and which is already in full operation in several villages in England, would suffice to bring into our cities the pure waters of the fields and send back into our fields the rich water of the cities, and this easy see-saw, the simplest in the world, would retain in our possession the hundred millions thrown away. The present system does harm in endeavoring to do good. The intention is good, the result bad."

The Bromides in Infantile Therapeutics.—When the hyper-excitability of the child is taken into consideration, it will appear that remedies whose physiological property is to allay nervous irritability, must occupy a prominent position in the armamentarium of the intelligent practitioner of pediatrics. We believe that the general practitioner in his practice among children takes too little account of the nervous element. In the Journal de Medecine de Paris, for March, Dr. Jules Simon pubpublished a clinical lecture on the subject, in which he gives prominence to the above thought. He argues from the physiological effects of the bromide of potassium, its extensive applicability in the treatment of the diseases of children. Bromide of potassium diminishes reflex sensibility of the mucous membrane of the pharynx and fauces. Small doses stimulate the gastric mucous membrane and increase the appetite. Large doses by the stomach cause intense gastralgia. After being absorbed the bromide of potassium slows and regulates the heart's action. It is not as dangerous as digitalis, but it cannot be given indefinitely in cardiac affections. As soon as its effect is obtained, its administration should be suspended. Its continued use enfeebles the muscular system and the genital organs. The bromine compounds are eliminated by the respiratory organs and the glands of the skin. From this statement of its physiological effects, its therapeutic indications are readily suggested, and the drug has proven itself, particularly in children, to be applicable in such affections as these effects would naturally antagonize. In eclamptic manifestations and cerebral irritability, it is especially valuable, and when combined with the iodide of potassium it is especially indicated in epileptic attacks symptomatic of cerebral lesions.

Dr. Simon might, we think, have added to the list of specific affections in which the bromide of potassium is valuable, that peculiarly irritable condition of the intestinal mucous membrane which is perhaps the *fons et origo malis* in summer complaint co-called, so rife at this particular season. As regards the dose, he lays down the following rules for its regulation: For infants of less than one year of age, 3 grains, in two doses, at the time of nursing; for more than one year, 6 grains in two doses in syrup of powder, at the time of eating, but always well diluted. More than two years, one may be given 15, 30, or 45 grains, until a marked physiological effect is produced. In some cases very large doses are required; in others increasing doses for five or ten days, the decreasing until it is suspended altogether. This latter method is very applicable in the treatment of epilepsy.

An interesting fact bearing upon the growth of the popularity of the bromide of potassium is in the statement that in 1855, but seventeen pounds and a half of the bromide of potassium were consumed in Paris. Twenty years later, in 1875, eighteen hundred and twenty pounds were used in the various public institutions of that city alone.

THE TREATMENT OF PNEUMONIA.—Dr. I. Burney Yeo, Physician to King's College Hospital, made pneumonia the subject of a recent address before the Birmingham and Midland Counties branch of the British Medical Association. His remarks on the treatment of the disease are particularly interesting. He declares himself to be what in political language is called "an opportunist", in the treatment. He believes in no special treatment, but trusts to rational, common-sense management of individual cases.

There are certain circumstances, certain accidents, of the disease, which require careful consideration. These are, first, excessive dyspnœa from overwhelming pulmonary hyperæmia and œdema, in addition to the consolidation. He regards this condition as the only one which calls for bleeding in pneumonia, and its occurrence is exceedingly rare. Second, excessive pyrexia attended by delirium and danger of rapid cardiac exhaustion. Here the cautious application of cold to the surface (not in over-sensitive organizations, which, he believes, to bear this treatment badly), may be used with benefit, as advocated by Jurgensen. The cases, however, which should be thus treated, should be carefully selected. He also thinks that quinine is too little used in pneumonia as an antipyretic. Sulphurous acid exercises a reducing influence on the fever, and quinine combined with sulphurous acid merits more frequent use for this purpose. In low typhoid forms of pneumonia the medicine should be given from the commencement of the disease. Third, pain in the side; for this symptom, which should by all means be relieved, Dr. Yeo relies on opium, giving preference to Dover's powder as the form in which it should be administered. A few leeches over the seat of pain is also a valuable expedient. Fourth, the tendency to cardiac exhaustion, with sleeplessness and delirium. In these, the so-called typhoid symptoms, the free use of alcoholic stimulants is essential. Many cases of pneumonia require no alcohol, while many others can not be kept alive by any other means.

Dr. Yeo takes occasion to warn his readers of the danger attaching to the so-called abortive treatment of pneumonia, by means of aconite. He has no faith in the abortion of pneumonia by this means. While it is a valuable drug it should be administered only as its use is called for by well-defined symptoms, and it should never be "pushed."

THE POISONS CONTAINED IN CHOLERAIC ALVINE DISCHARGES.—A Mr. Vincent Richards, of India, has been conducting some experiments on dogs and pigs, with choleraic dejections. The results in the case of the former were negative. In the latter, however, a disease identical with that occurring in the human being, was produced by the administration to the animal of the choleraic discharge which had just been evacuated. Following this ingestion the animal became very restless, vomited and died. Other experiments made on pigs, seemed to show that the evacuations, if kept for more than a few hours, lose their poisonous properties, the administration of fresh evacuations being followed by death in from fifteen minutes to two hours and fifty minutes. Mr. Richards summarizes the conclusions which he drew from his experiments, as follows: First, that choleraic evacuations at certain stages of the discharge contain a virulent poison. Second, if the poison finds its way into the stomach, it is absorbed and rapidly proves fatal. Third, the active agent of the poison is not an organism, but of the nature of a compound of a comparatively unstable nature. Fourth, it will probably be found an easy matter to destroy the poison existing in the evacuation by means of disinfectants. Fifth, although the poison decompose in a short time by being desiccated, it may retain its virulent properties for a considerable time, and thus run the danger of being carried by clothes or other objects which are stained by discharges. It will be seen that the conclusions which Mr. Richards draws from his experiments are somewhat at variance with those upon which Koch has predicated his microbe theory.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION VIEWED FROM THE OUTSIDE.—The funny man of the Burlington Hawkeye, in noticing the holding of the sixth annual Congress of the American Laryngological Association, takes occasion to thus enlighten the lay public as to the nature of that body and its functions: "A laryngological association, my dear, is, we take it, an association of larynxes. And a larynx is—well, it is the active principle of your 'Adam's apple;' the larynx lives in your neck, third floor front, between the tongue and the trachea; it has nine cartilages, and looks like an old garden-hose gone to seed. And its uses are—well, you know when a little mouse runs across the floor? Well, your larynx is what you use then. "Climb on the table with it?" Great Scotland, no! Who ever heard of climbing up on a table with your larynx? No, girl; you 'holler' with it. That's what you do with it, and no foolishness about it, either. And this American Laryngological Congress, we suppose, is organized to devise some means whereby to supply a new India rubber, copper-lined larynx for the star-eyed goddess of reform, she having shrieked hers wide open and split it down the back when Morrison fell."

ADHESION OF PLACENTA.—Luigi G. Doane, M. D., writes that sometime since he wrote to an eminent obstetrician for his opinion about adherent placentæ. The following is an abstract of his reply: Morbid adhesion of the placenta is due to uterine inflammation (metritis). This diseased condition gives rise to the effusion of lymph, and binds or ties the placenta to the uterine walls. Calcareous and cancerous degeneration in many instances produce it. The uterine contractions during labor separate a

portion of the placenta, and this should be removed if possible. Too much violence must not be resorted to. The danger of septicemia, arising from decomposition of the placenta, is great, but a greater danger will result if the placenta is forcibly removed. It is better to remove the portion which is loosely attached, and permit nature to decompose and expel the remainder. Solutions of bi-chloride of mercury can be used with advantage.

A correspondent writes us for information touching the status of the "Druid Medical Society." He has received a card in which he is offered a membership for $50. Since the collapse of the Association of "Venerands," who attempted to start a medical college in this city a couple of years ago, we have heard of no medical organization which draws its inspiration from the Druids. Whether the society regarding which information is sought, is lineally descended from those ancient scientists, or has in some other manner, *e. g.*, the laying on of hands, become imbued with their scientific apirit, we are not prepared to say. Those who like this kind of a society will, no doubt, regard the price of membership as not at all exorbitant. It comes high, but there are some who must have it; otherwise how could the Druids subsist?

It now appears that the antipathy of the Missourian to water extends also to the external application of the liquid. A writer in the St. Louis Courier of Medicine, tells of an old inhabitant who "hadn't been wet all over since '63," and the writer declares, as a result of observations especially directed to the matter, that fifty per cent. of the population of Missouri do not take a bath from October until May. It might not be a bad idea for some one to suggest a fortnightly bath as a prophylactic of cholera in Missouri. There would seem to be comparatively little danger of the average Missourian imbibing the microbe in the usual method, namely, in drinking water, and if he could be induced to occasionally wash the microbes off his exterior, he would enjoy immunity from contagion.

A committee of which Dr. D. Hayes Agnew, and Dr. J. M. Barton, both of Philadelphia, are respectively chairman and secretary, has been appointed to receive funds for the endowment of a memorial professorship, to be designated the S. D. Gross Professorship of Pathological Anatomy, in honor of the memory of one than whom American surgery has had no better exponent. Those who endorse the sentiment which prompts this memorial, and who may desire to further its completion, may forward their contributions to Dr. Richard J. Dunglison, lock box 1274, Philadelphia, Pa., and their remittances will be duly acknowledged in the columns of the Medical News. We doubt not the appeal will meet with cordial response.

Dr. J. C. Burlington, whose complaint against Dr. Samuel M. Miller, the Philadelphia medical publisher, we published in our issue of 25th June, writes us that on having the matter thus brought to his notice, Dr. M. immediately fulfilled the terms of his contract. Dr. B. is "charitable enough to say that, according to the explanations given, it was an unintentional negligence on his (Dr. M.'s) part that led to the publication of the facts upon which this correspondence is based." The gentlemen are again friends, apology and forgiveness have embraced each other, and the soft-winged dove of peace now broods sweetly where erst there was fierce warring of the passions. So mote it ever be.

A contemporary suggests as a new field for professional enterprise, the establishment of drug farms, which, it says, could be run with profit by medical men who have been unsuccessful in practice. The suggestion is a valuable one, but we think the plan would be improved by the adoption of some means whereby the workers could be caught before they have gained entrance to the profession. The farms, too, need not necessarily be "drug" farms; the old-fashioned wheat, and potato, and rutabaga, and pumpkin farms would answer every purpose. There are lots of splendid farmers spoiled in the attempt to make doctors.

An old advertisement mentions among the advantages which are offered by a passage on the vessel advertised, the following: "The good ship is amply provided with wines and spirits of the best quality, which may be obtained on board, at moderate prices. There will be Divine Service twice every Sunday, and the ship carries a Cow, a Stewardess, and likewise an experienced Surgeon." It is held by many that the position of ship's surgeon, as indicated by his association in this advertisement, has not improved up to this day. And yet we never hear of a passenger steamer's having any difficulty in securing incumbents for the position.

Dr. Sutton, of Pittsburgh, having performed enterotomy on the wife of a wealthy resident of that city, removing four inches of intestine, was encouraged by the fact of her complete recovery to send in a bill of $1000, for the operation and twenty-two days of attendance in the after treatment. Each member of the jury, who finally adjudicated the matter, wrote on a slip what he thought would be a proper fee, and the sum total of the amounts thus voted, divided by twelve, was agreed upon as the verdict. The dividend was $330. One of the jurors thought about $10 would be a fair price, and another was willing to allow $30.

A small boy in Indianapolis stole (if the taking of what is of no value, can be called stealing), about thirty dollars' worth of homœopathic pills of all sorts, including nearly the whole list of remedies. The culprit was not discovered until after he had eaten all but three dollars' worth of the medicine (?) thinking it was candy. As he was a healthy small boy, and the pellets were for sick grown folk,

there was no call for antidotes or stomach pumps. The homœopath shoots so as to hit if it is a bear, but to miss if it is a calf.

In a work just issued by Frerichs, on Diabetes, his observations are based on four hundred cases of the affection. Of these cases one hundred and two are Jews. This large percentage, as compared with the comparatively small number of the people of this race, is remarkable. Frerichs assigns as causes the hereditary excitability of the nervous system, the keen pursuit of business, and, above all, intermarriage.

For the third time in the course of the twenty-eight years of its existence, the Druggist's Circular announces a change in its editorship, that position having been assigned to Mr. Henry B. Parsons. Mr. Parsons is a graduate of the Department of Pharmacy of the University of Michigan, and has since his graduation given further abundant evidence of his fitness to maintain our contemporary at its high standard of excellence.

The Medical Record has unearthed the fact that there is at large in the community, a man (a physician) whose movements will bear close watching, by both the sanitary authorities and the officers of the law. This individual writes as follows to a contemporary: "I have found the following to be very beneficial in the treatment of gonorrhœa, which I would like to give to any one who wants it, hoping it will be of some benefit to the medical fraternity."

A case showing the results of a pitiable error in diagnosis is reported by a New York paper. A policeman made a mistake in determining the presentation of a goat, and boldly approached what he supposed was its nates. The presenting part proved to be the head, and the reporter says the piteous wail of the officer would have drawn tears from the eye of a darning needle.

A correspondent asks of his brother practitioners a remedy for offensive breath. An intimate friend has had this trouble from infancy, despite all efforts at its relief. He states the existence of no cause to which the odor is directly traceable, and it is, therefore, presumed that none has been discovered, or is discoverable. Does any reader know of any remedy for idiopathic "offensive breath?"

Our readers will, doubtless, have detected the apparent typographical error in Dr. Flora's recent able article on "Electricity as an Etiological Factor in Disease," which makes the doctor talk of "planets" on the earth's surface. By eliminating the "e," as, of course, every careful reader will have done, they will remove the astronomical absurdity.

The elevated rail-roads of New York are said to cause much trouble to the eyes of the citizens. In the majority of the cases of irritation presenting, it is said a microscopic examination of the lachrymal discharge will reveal the presence of small particles of iron. The best means of removing these particles is the magnet.

The Pacific Medical and Surgical Journal and the Western Lancet have joined forces. Dr. Gibbons, Sr., of the former, and Dr. Whitwell of the latter, will constitute the staff, and if the team pull well together, which it doubtless will, the object for which medical journals are published, will prosper on the Pacific slope.

It has been decided in several States that the value of a physician's services having been conceded by the payment of his bill, the patient cannot recover from him in a suit for damages for malpractice.

The characteristic enterprise of the Medical Record finds another illustration in its cable report, in its issue of 2nd inst., of the proceedings of the British Medical Association at its meeting in Belfast, Ireland, on July 29th and 30th.

Dr. Holmes suggests as a motto for young physicians: "Small fevers thankfully received."

Auscultation, Percussion and Urinalysis. An Epitome of the Physical Signs of the Heart, Lung, Liver, Kidney and Spleen in Health and Disease. Edited by C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynæcology, Michigan College of Medicine, Detroit. Fully illustrated. Issued by the Illustrated Medical Journal Co., Detroit, Michigan.

The versatility of Dr. C. Henri Leonard's genius is too well known to the medical profession of this country to render necessary any further notice of this little volume before us, than the statement that it bears distinctive marks of its paternity. As an epitomizer, Dr. Leonard has established for himself a reputation, and the list of his efforts in this direction, (very singularly, however, embracing nothing on the subject of which he is professor), already covers a goodly-sized page set in solid brevier. Some of them, and notably his work on Hair, his Vest-pocket Anatomist, his Code of Ethics, his Physician's Account Statements, his Pads of Clinical Leaves, and his Illustrated Medical Journal, are *sui generis*. Nothing succeeds like success, and it is gratifying to note that the doctor's publications yield him a satisfactory income. Doubtless his latest effort, the 16mo. volume before us, supplemented by his unsurpassed facilities for bringing it to the notice of the profession, will succeed not less decidedly than his previous ventures.

The chapters on Urinalysis are by Dr. W. H. Rouse, and they evince not less ability in epitomizing than is apparent throughout the whole work.

Hooper's Vade Mecum: A Manual of the Principles and Practice of Physic, with an Outline of General Pathology, Therapeutics and Hygiene. Tenth edition. Revised by W. H. Guy, M. B. Cantab., F. R. S., and John Harley, M. D. Lond., F. L. S. Vol. II.
New York: William Wood & Co.

Of the general merits of this work we took occasion to speak in our notice of the first volume. It,

therefore, but remains for us to give the contents of the volume now before us. They comprise ten chapters, which are devoted respectively to diseases of the following: The nervous system, the organs of circulation, the organs of respiration, the organs of digestion and abdominal viscera, the organs of the urinary organs, the organs of generation, the organs of sense, of the skin and its appendages, of parasitic animals, of poisons and their antidotes. In addition to the above, there is an appendix devoted to a classification of remedies and formulæ, and a glossarial index.

The second volume fully sustains the impression created by the careful examination of the first.

HEALTH HINTS FOR TRAVELERS. By John C. Sundberg. Philadelphia: D. G. Brinton.

This little volume may be conveniently carried in the traveler's satchel, and it contains, in language which the man of ordinary intelligence will have no difficulty in understanding, instructions which will often stand him in good stead when he is a stranger among strangers, and, more particularly, when a competent medical adviser is not accessible. It is such a book as no physician need hesitate to recommend to an intelligent patron.

Puerperal Eclampsia.

BY AN OLD PRACTITIONER.

Recent notes on the subject of puerperal convulsions, in the MEDICAL AGE, have re-called to my mind an article by Dr. J. E. Burton, Obstetric Physician to the Ladies' Charity, and Lying-in Hospital, before the Liverpool Medical Institution last year. This paper contains what, to my mind, is the best exposition of the pathology of this alarming affection, which I have seen. It has struck me, therefore, that such of your readers as have not had the privilege of reading the article, might be interested in reading a resumé of it:

Dr. Burton commences with a synopsis of the history of the accepted facts, in the order of their discovery. Prior to the year 1842 puerperal eclampsia, as we now understand the affection, was not differentiated as a special disease, and in fact, the distinction between even the convulsions due to apoplexy, epilepsy, hysteria and anæmia, was very vague up to that time.

In that year Dr. Lever, of Guy's Hospital, directed attention to the relations existing between albuminuria and puerperal eclampsia, proper. This discovery was amplified in 1851, by Frerichs, who pointed out the resemblance between puerperal and uræmic convulsions, and gave his opinion that true eclampsia occurs only in women suffering from albuminuria. Six years later Carl Braun, of Vienna, published his classic chapters on the subject of puerperal convulsions, since which time little or nothing may be said to have been added to our knowledge on this subject. During the past quarter of a century, therefore, the belief has existed that there exists some obscure causal relation between albumin in the urine and the convulsions known distinctively as puerperal. It is true several skeptics have arisen during this time, who have denied the necessary causal relation between albuminuria and these convulsions. Lusk, for instance, says it is a renal insufficiency and not the albuminuria, which is the cause. Leishman includes under the term all cases of convulsions occurring during pregnancy, parturition and after delivery. With rare exceptions, he says, puerperal eclampsia may be looked upon as being essentially connected with uræmic poisoning, which is associated with, or dependent on an albuminous condition of the urine. Other observers have noted cases in which there was no appearance of albumin in the urine, and others in which albumin did not make its appearance until after the onset of the eclampsia. The generally accepted view, however, is that the following is the sequence of events in this affection:

First, pregnancy; second, pressure on the renal veins by the gravid uterus; third, parenchymatous nephritis; fourth, uræmia, originating in some obscure manner; fifth, the convulsions, but whether by carbonate of ammonia poisoning, or by hydræmia, or œdema, or by retention of the general urinary excretory products, has never been settled to the satisfaction of all parties. Seyfert, of Prague, opposed the uræmic theory on the ground of the following facts, or supposed facts: First, that convulsions may occur without albuminuria; second, that albuminuria is, in many cases, the effect and not the cause; third, that in many fatal cases the kidney lesions were absent or wholly insignificant; fourth, that convulsions are rare in chronic Bright's disease that has existed prior to pregnancy; fifth, that in true uræmia, such as is necessarily produced by the suppression of the urine when the ureters are invaded, convulsions do not occur.

It is now recognized on nearly all sides that convulsions may and do occur without albuminuria, and Lusk even goes further and acknowledges puerperal convulsions without uræmia or renal incompetency—"without uræmia peripheral irritation can provoke eclampsia." Those who insist on the causative relation between albuminuria and puerperal convulsions, overcome these objections by urging that such cases as do not present albumin in the urine are not properly cases of puerperal eclampsia, so called, and maintain that the absence of albumin will enable us, without difficulty, to discriminate between puerperal and epileptic convulsions. Playfair, who does not seem at all wedded to the uræmia theory, says that it has not been proven that albuminuria is a necessary accompaniment of puerperal eclampsia. Dr. Braxton Hicks, while holding that the two are almost invariably combined, says that the nearly simultaneous appearance of them must be explained in one of three ways. First, that the convulsion is the cause of the nephritis; Second, that the two are produced by the same cause, namely, some detrimental ingredient in

the blood; Third, that the highly-congested, venous condition induced by the slight spasm of the glottis is able to produce the kidney complication.

Believing that puerperal convulsions and epilepsy spring from essentially the same cause, Dr. Burton endeavored to learn whether epilepsy is ever the cause of albuminuria. On this point he encountered a variety of opinions. Among the authors some maintain that the attacks do not cause albuminuria, and others, that not only albumin, but hyaline casts and sugar have been found in the urine of the patient immediately after epileptic seizures. Kleudgen examined the urine in 36 male and 21 female epileptics, always within four hours after an attack, and found albumin. In many cases the reaction was only slight, and only rarely was there any deposit. He extended his researches to the attendants, and, singularly enough, found traces of albumin in the urine, and finally concluded that there was nothing remarkable in post epileptic urine. Dr. Burton thinks that the weight of evidence points to the conclusion that epileptic seizures do not cause albumin to appear in the urine. The third and fourth objections of Seyfert are valid arguments against the uræmic theory. The fifth objection, namely, that in true uræmia, such as is necessarily produced by the suppression of urine when the ureters are invaded, convulsions did not occur, is also a valid one and is emphatically confirmed by Cornil and Ranvier. If, then, such complete retention of urinary constituents, as must of necessity exist in these cases, fail, *per se* to produce convulsions, it seems tolerably certain that some other factor is necessary for their production.

After all that has been written on the subject, Dr. Burton is prepared to admit that, in the majority of cases of puerperal eclampsia, urinary constituents in the blood play the part of contributories to the eclampsia, but he cannot accept the theory that they are the sole cause, and in this he follows Playfair as against most writers. He thinks it would be just as reasonable to put down all epileptic convulsions to uræmia, as to attribute all puerperal convulsions to that cause. Most writers have omitted to mention the common cause that is operative both in the convulsions of childhood and those of the puerperal state Playfair states it to be a peculiarly excitable condition of the nervous system. Barnes has also drawn the attention to this peculiar state of "unstable equilibrium," as it might be called. As to the immediate condition giving rise to the attack, there is a general consensus of opinion that it is an anæmia of the brain due to spasm of the cerebral arteries.

Dr. Burton thus summarizes his exhaustive and highly readable paper: First, that puerperal eclampsia is a motor neurosis, associated with loss of consciousness; second, that it stands in intimate relationship to the convulsions of childhood and to epilepsy; third, that only one factor in its production is constant, namely, a peculiar condition of the nervous system that may be discriminated as only "unstable equilibrium," and that this factor is common also to the convulsions of childhood and to epilepsy; fourth, that retention of urinary constituents, when present, vastly increases the tendency to convulsions in pregnancy, but that outside the conditions of pregnancy and childhood, such retention is rarely the cause of convulsions; fifth, that nerve irritation, shock, violent pain, uræmia, or other morbid condition of the blood, etc., is capable of setting up a sudden vaso-motor spasm of the cerebral blood vessels; sixth, that this spasm of blood-vessels causing sudden anæmia of the brain, is the cause of the convulsions and of the consequent coma.

If this view of the etiology of the puerperal convulsions be correct, and it is backed by facts and vouched for by men whose opinions are of weight, it not only furnishes a very clear guide to the principles of treatment, but also explains in the most intelligible manner the success which follows the remedies in vogue, namely, chloroform, ether, chloral, bromide of potassium, subcutaneous injection of morphia, and blood-letting. All of these agents, by relaxing the spasm of the cerebral arteries, permit that flow of blood, the stoppage of which has produced the anæmia which is the immediate cause of the attack.

Pilocarpin is a remedy of comparatively recent introduction to the list of therapeutic agents in this affection. Dr. Burton, while seeming to regard it as a valuable eliminant, does not recommend it as an agent for securing immediate relief. Agents to the latter end must be such as diminish vascular spasm and reduce nervous irritability. Judging from the physiological action of the nitrite of amyl and nitro-glycerine, and from the fact that they have proved of value in epilepsy and other spasmodic complaints, he should feel inclined to give them a trial in puerperal eclampsia, as adjuncts to morphia, and as tending to prevent the need for very large doses of the opiate.

In the discussion which followed the paper, some unique and suggestive ideas were advanced. Dr. Imlach thought that hysteria was the key to eclampsia, and that the mental or psychological aspect of disease was just as important, if not more so, than the material aspects. Nephritis was, no doubt, the predisposing cause. Dr. Barr held that while puerperal convulsions were, no donbt, frequently uræmic, they were also frequently reflex. The fact, however, of the existence of albumin in the urine is not evidence of the uræmic nature of the attacks. Uræmia, so usually associated with the convulsions, does not depend upon albumin in the urine, but on the urea and other excrementitious products retained in the blood. Dr. Wallace held that the results of treatment could alone establish the diagnosis between the hysterical and epileptoid forms of convulsions. If the bromide cures the disease, the convulsions are hysterical; if chloral or chloroform cures them they are epileptiform. Uræmia is a dimunition of the solid constituents of the urine, rather than the dimunition of the albumin or of the quantity of

urine passed, and should be treated by quieting the nervous centers, either by chloral in the simpler cases, or by chloroform, continuously given for twenty-four hours, if necessary, in the more severe cases. At the same time the skin, kidneys and bowels should be made to act by suitable means. He remembered a case where he was giving chloroform for puerperal convulsions, and he noticed that every time a fly lighted on the patient's nose a fit came on, and he stopped the administration of the chloroform, and made the nurse keep the flies away from the "zona epileptica" which had been developed on the patient's nose, and the fits ceased.

While there seemed to be a very general consensus of opinion as to the efficacy of venesection in this complaint, several speakers insisted on the necessity of great caution in its employment, and advising that it be used only in sthenic cases. It would be found useful where there was high blood tension, which, if not overcome, would soon overpower the heart and produce congestion of the lungs. If the pupils were very widely dilated and the patient asthenic, blood-letting would probably do mischief, and other remedies should be relied upon.

A Case of Sudden Death During Labor.

BY L. W. HANSON, M. D., BRADFORD, VT.

I was called, July 28th, 1884, at 3:30 o'clock A. M., to the bedside of Mrs. J., aged 38, in her third confinement. She was expecting to be confined about August 15th. Labor pains began at 1:30 A. M. When I arrived two hours later, the os was dilated one inch, head presenting, pains moderate, and no unusual circumstances present, except the patient stated she had fainted completely twice during the two hours previous to my arrival, while getting up to use the chamber. Her pulse soon began to attract my attention by its frequency. Soon after 4 o'clock I noticed it was 100, or a little over, and it gradually increased in frequency until, at about 5 o'clock, it was 120. Between 4 and 5 o'clock she seemed rather nervous and uneasy, but the pains continued, though toward the last weaker. After 5 she had few, if any, uterine contractions, but began to complain of great distress in the stomach, dyspnœa, and a sense of impending death. She also became pulseless at the wrist, with cold extremities. Stimulants, frictions, and external heat produced no effect. As soon as these unfavorable symptoms began to supervene, I asked for counsel. I feared from the previous faints a heart clot. She rapidly sank, and died about 6 o'clock. Counsel, Dr. E. V. Watkins, of Newbury, Vt., arrived in half an hour after her death. After discussing the case, we proceeded about 7:30 to make an autopsy, first examining the heart, which we found empty and free from clot. We then opened the abdomen, and found a cyst connected with each ovary about the size of a goose's egg, and filled with a clear albuminous liquid. We then laid open the uterus, which seemed unusually large and distended, in the fundus of which we found an immense clot, which, with a small quantity of dark, blood-red fluid, filled a common pail a quarter full, or by measure about three quarts. The placenta was completely detached, lying loose. The child a male, and apparently fully developed. The woman had told me that she felt motion after her pains began, but I observed none while there, and could detect no fœtal heart sounds immediately after the mother breathed her last. Her two previous labors were said to have been rather severe but recoveries good. During this gestation she had been comfortable and able to do a large portion of the work incident to a good farm house. She had been troubled with constipation, however, which she overcame with cascara sagrada.

It would seem that for some unknown reason the attachment of the placenta to the uterus was abnormally week, and as soon as contractions commenced it began to yield, allowing hemorrhage to occur, which occasioned the faints upon rising. As the pains continued the detachment became more and more complete, resulting from the arrest of the placental circulation in the death of the child, and lastly from the hæmorrhage in the death of the mother.

Not a drop of blood escaped externally, but a folded sheet under the patient was somewhat moistened by a colorless fluid supposed to be *liquor amnii*.

The woman was vigorous, and no reason that I could discover existed for anticipating any trouble. I had never met a case of this nature. The faints led me to suspect heart clot when the circulation began to fail. Her complexion being light and much freckled, in the dim lamp light, obscured the pallor which must have been present, so that it was not prominently observed, and before I suspected the true nature of the case she was dead. Could I have been satisfied sufficiently early that this hæmorrhage was occurring, I should have made firm pressure over the abdominal aorta and uterus, rapidly dilated the os uteri, and turned the child, and had I been able to deliver and empty the uterus with sufficient promptness, the life of the mother might probably have been saved; but before the symptoms in such a case would lead one to comprehend its real nature too much damage would have been done so the placental circulation to save the life of the child. This to me was a very impressive case, and the recollection thereof will scarcely fade from my mind when in the lying-in room, for many years to come, and it may not be amiss for my readers to bear in mind the possibility of such a lightning stroke in their own experience and ever be on the alert. It isn't pleasant.

Retention of Placenta in Abortion.

BY J. B. CLARK, M. D., SANTA CLARA, CAL.

While I have been highly interested in reading several of the back numbers of the MEDICAL AGE, in relation to adherent or retained placenta, I have

vividly before my mind the case of Mrs. C., whom I attended in a case of abortion at three months, which was one of my first cases of this character, after commencing practice. When first called to attend the case, I found that the fœtus had been expelled, and on proceeding to look after the placenta I found the cord protruding from the os several inches.

In my anxiety to free the uterus of its contents, I made a continued traction upon the cord, when suddenly it broke off within the neck of the womb, without my being able to realize that I had gained the slightest benefit from the procedure.

I attempted to insinuate my finger into the neck of the womb, and hoped by its gradual expansion that I would be able to control, to a certain extent, the inclosed placenta, and bring it down; but, probably from lack of experience and judgment in such cases, I was thoroughly impressed with the rigid condition of the os, and concluded it would be impossible to gain an entrance to the cavity of the womb. At this juncture I was truly in a dilemma, and concluded to leave the solution of the whole matter to the course of nature, with the exception, that in order to give the appearance of doing something, and to please the patients and friends, I ordered the fluid extract ergot to be given in teaspoonful doses, three times a day, assuring them that the placenta would be expelled at the next menstrual period. Within a few days the patient was attending to her household affairs, with a total disappearance of any discharge whatever, and continued so till the end of about four weeks, when her catamenial period came on, and much to my delight, as well as to that of the patient and her friends, the placenta was at last discharged en masse. Being fully aware of the dangers incident to such a case, I felt weighed down by a pressure of anxiety, from which I was not relieved until the final expulsion of the contents of the womb. The result of the case being so satisfactory to those most interested, and having terminated strictly in compliance with my diagnosis, I received the credit for a degree of judgment and skill, far beyond what I knew myself to be entitled to. In conclusion, I have to say that after many years' experience, since the above case, I have never thought it advisable to leave the placenta to itself for four weeks without removal.

It may, however, be well to remark that, upon examination, the placenta was wholly devoid of any smell or evidence of putrescence.

Amyloid Degeneration of the Liver.

BY W. J. BALLAH, M. D., MONGO, INDIANA.

The subject of this article, a man æt. 56, had been a very rugged and hard worker. In the late war contracted what he called "camp diarrhœa"—more properly called dysentery—which became chronic. He had, up to within the past six months, been enjoying very good health, with the exception of periodical attacks of dysentery. The first symptom of distress that he experienced was a sense of weight or dragging in the right hypochondrium, accompanied by difficult breathing. On being examined by a physician, the liver was found to be considerably enlarged in all directions. His efforts to get admitted on the pension list led to his examination by a number of reputable physicians, by whom hydatid cyst, abscess, passive congestion, etc., were variously diagnosed. Nearly all appeared to overlook the fact that the suppuration of the intestinal tract in chronic dysentery is a prominent cause of amyloid disease. The case progressed slowly, symptoms of exhaustion becoming more severe. During the last ten days of life jaundice was constant, with very severe nasal hemorrhages and slight œdema of the lower extremities. On post mortem examination, the liver was found to be almost wholly affected by the amyloid or waxy deposit. It weighed the enormous weight of eleven pounds. The spleen and kidneys were very slightly affected. The intestinal and mesenteric glands were very much infiltrated. The heart walls were flabby; otherwise they appeared normal. The case illustrates the fact that suppurative colitis or chronic dysentery may be a cause of amyloid disease, and inculcates the necessity of early treatment, not waiting for the implication of the glandular organs.

Detroit Medical and Library Association.

Regular meeting, July 7, 1884.

The President, Dr. R. A. Jamieson, in the chair.

Dr. Shurly: I had intended to have before the society to-night the case related at the last meeting, by Dr. McGraw, viz: The man who had the tubercular ulcer of the tongue. There is now a marked tubercular deposit in the small intestines with the accompanying symptoms of distressing diarrhœa, which makes the case a hopeless one.

I sent for him this evening, hoping that I might have him before the soiety, but he was too weak to be moved.

The following topic for discussion was then opened by Dr. C. G. Jennings:

"*Resolved*, That it is not always the duty of the practitioner to endeavor to prolong life."

Dr. Jennings thought the subject presented grave medical, sociological and religious questions. In the discussion, however, it was necessary to put aside its religious aspect.

This question frequently came up before the physician's mind, but was rarely spoken of. A free interchange of opinion might be of benefit.

The question must be considered in its relations: (1), to the patient, (2), to the patient's friends, and (3), to the community.

The doctor then considered in detail how an incurable patient becomes an unbearable burden to himself, and how he often works grave injuries to his friends and to society. The sooner such patients died the bettter it was for all

concerned, and the doctor held that the physician's duty in such cases to be this: "When, in the light of all past experience, a patient is absolutely incurable, and his condition incapable of being ameliorated; when he has become a torment to himself and a burden to his friends, the physician should cease in his effort to preserve or to prolong life. He should welcome all intercurrent diseases and complications as nature's efforts to terminate a useless struggle, and administer remedies but to ease the suffering that they and the original disease produce."

Dr. Frank Brown, in opposing the resolution, made a somewhat wider application of the proposition than was perhaps intended. He assumed that if a principle were a good one, it was the duty of an individual holding such a principle to enforce it actively. He maintained that between activity in causing death and passiveness in allowing it to take place, there was no ethical difference. If, then, activity were demanded in maintaining a principle, why not show it here? Human life had for ages been wisely held sacred, not sacred as having a supposed origin from a God, but as an individual possession. Not only should the individual be strongly protected in this from the community, but, as an additional safeguard, protected even from himself. The proposition, then, to place so sacred a thing in the hands of a class, many of whose members are unscrupulous, must seem atrocious, and contrary to all moral law. The doctor held that no man has the right to deal with the effects, if one is at all responsible for the cause, and as leading in such matters, each one is to a certain extent responsible. It will be time enough to overthrow the moral law when you have diminished the opportunity for disaster.

Dr. Inglis: Life is sacred, but the question arises, what is life? Is idiocy life? I believe life to be an ability to enjoy and carry out all the normal functions; when these functions are so wiped out as to place a man without reason, to me life ceases to exist. I claim it cruelty for the idiot to be allowed to exist—cruelty to those who care for them. In these cases the physician should be allowed to shorten life, not to extend it.

Dr. Shurley: The ground has been well taken, and I have found myself on both sides of the argument as the subject has been discussed. To me all hinges upon the sixth commandment, "Thou shalt do no murder." To cut short a life, however shattered, or debased that life may be, seems to me to be a crime. The end may justify the means; but, in short, if I were to shorten a life, I should always have the feeling that I might have made a mistake and this conscience-torture, would be to me unbearable.

Dr. McGraw: I hold that in some cases the physician has no right to force a patient to live, when he or she has made up his or her mind to die.

The prostitute is an example of this class.

The question as regards the inheritance of property must always be thought of before we think of shortening our patient's life.

Life is sacred and it is that bond which binds society strongly together. For a physician to break this barrier would be an irreparable breach.

I believe, with the exception of the above cases, the shortening of lives entrusted to our care is wrong

Dr. Devendorf thought that sixth commandment should be left out, as the subject was a scientific one.

Dr. Warner said the question is an ethical one, and the religious side must be looked to.

After some further discussion by Drs. Brown, Devendorf, Inglis and Carstens the meeting adjourned.

Michigan State Board of Health.

The regular quarterly meeting of the Michigan State Board of Health was held in the office of the board at Lansing, Mich., July 8, 1884, the following members being present: John Avery, M. D., of Greenville, president; C. V. Tyler, M. D., of Bay City; Henry F. Lyster, M. D., of Detroit; J. H. Kellogg, M. D., of Battle Creek; Victor C. Vaughan, M. D., of Ann Arbor; Arthur Hazlewood, M.D., of Grand Rapids, and Henry B. Baker, M. D., Secretary.

The committee on examination of text-books on physiology and hygiene, with special reference to alcohol and other narcotics, reported, after which the following resolution was adopted:

Resolved, That while we cannot recommend without qualification any of the books presented to this board for examination, with the exception of those already acted upon, on account of numerous and important errors and omissions, the following works seem to us to be admissible for use in the schools, although we consider it important that the errors referred to should be eliminated as speedily as possible; and that without such correction none of the works named can receive the entire approval of this board:

1. Physiology and Hygiene. By J. C. Hutchinson, M.D., LL.D. New York: Clark & Maynard, publishers. Edition of 1884, with supplement on Stimulants and Narcotics.

2. The Laws of Health, Physiology, Hygiene, Stimulants, Narcotics. By J. C. Hutchinson, M.D. LL.D. New York: Clark & Maynard, publishers.

3. Hygienic Physiology, with special reference to the use of Alcoholic Drinks and Narcotics. By J. D. Steele, Ph.D. A. S. Barnes & Co., publishers, New York and Chicago.

4. Lessons on the Human Body: An Elementary Treatise upon Physiology, Hygiene, and the Effects of Stimulants and Narcotics on the Human System. By Orestes M. Brands. Leach, Shewell & Sanborn, publishers, Boston and New York.

5. First Lessons in Physiology and Hygiene, with special reference to Alcohol, Tobacco, and other Narcotics. By Chas. K. Mills, A.M., M.D. Philadelphia: Eldredge & Brother, publishers. 1884.

6. Elements of Physiology and Hygiene. By R. T. Brown, M.D. VanAntwerp, Bragg & Co., Cincinnati and New York.

7- The Eclectic Physiology for use in schools. By Eli F. Brown, M.D. Van Antwerp, Bragg & Co., publishers, Cincinnati and New York.

The Secretary presented a report on four outbreaks of cheese-poisoning in Michigan, during May and June, namely at Middleville, Barry Co., Jerome and Jonesville, Hillsdale Co., and Big Rapids, Mecosta Co. All persons who ate of the cheese were taken sick, (in all about one hundred and sixty-four persons), with the same symptoms, *i. e.*, pain and burning sensation in stomach, intense vomiting and purging, feeble pulse, cold extremities, and tendency to collapse. All finally recovered. The cheeses were ordinarily good-looking samples, but when cut or broken, a liquid oozed into the pores. In each case the cheese was made at the foctory of G. B. Horton, Fruitridge, Lenawee Co., Mich.

Dr. V. C. Vaughan, committee on Foods, also read a report on cheese-poisoning. At the request of the Secretary, he had visited the factory in Fruitridge, and had analyzed specimens of the cheese. Everything about the factory appeared to be scrupulously clean, and nothing in the vats, cans, or surroundings offered any explanation of the cause of the poison, ing. Analysis showed no arsenic, copper, lead-iron, or other mineral poison. When the cheese was cut or broken, a whitish liquid oozed into the pores, and in this liquid microscopic organisms were detected. The liquid was very strongly acid. For more than 100 years the attention of the scientific world has been drawn to the subject of cheese-po soning by repeated outbreaks of this sort in this country and in Europe. Much has been written on the subject, and many investigations carried on, especially in Germany. It has been variously ascribed to diseased milk, decomposition and the development of certain fatty acids, etc., but we do not yet know what makes the cheese poisonous. The manufacturer said the cheese which produced the ill results was all made between April 26 and May 26, 1884. It was made in the same manner and with the same care as other lots which had given no cause for complaint. Good cheese is only very slightly acid, and slowly reddens blue litmus paper. The poisonous cheese was intensely acid, instantaneously reddening blue litmus, when the paper was applied to the freshly-cut surface. This test for poisonous cheese appears to be practicable. The blue litmus paper could be applied by any grocer to each freshly-cut cheese. If the litmus paper is instantly turned red by the liquid which oozes into the pores, the cheese is to be suspected as poisonous. Dr. Vaughan's report will be published in the next Annual Report of this board.

The Secretary reported that small-pox was brought into Rose Lake township, Osceola Co., Michigan, June 9, 1884, by a German immigrant, who, with wife and three children, landed in New York, June 4, by steamer "Weser," "Weiser," or "Wieser." The immigrant says that on the passage over, there were on that vessel three deaths from small-pox, and several cases that recovered. The immigrant was taken sick June 13, and was attended by Dr. Bettes, of LeRoy village, in the adjoining township of LeRoy, who could not know the true nature of the disease till the eruption took place, soon after which Dr. Bettes himself came down with the disease, and has since died. The health authorities of LeRoy village had neglected to appoint a health officer, as the law requires, because they thought they would "save a health officer's salary by doing without one." Dr. W. J. Law was then appointed health officer, and he seems to have done very efficient work, as did also Mr. Bryan Monaghan, health officer, Rose Lake township. The townships of Rose Lake and LeRoy united in the construction of two hospitals, which were built June 29. At last report there were ten cases in the hospitals, five cases at Tustin, and one at Cadillac.

This outbreak is another illustration of how Michigan and the Northwest suffers from the lack of a careful immigrant inspection service, such as was planned by the National Board of Health, and for a time carried on, but discontinued for want of an appropriation.

The chairman of the special committee appointed to examine the sanitary condition of Washtenaw and Jackson county jails, read their reports, which were ordered printed to the Annual Report of the Board for 1884.

Owing to the spread of Asiatic cholera in Europe, and the liability of its introduction into this country at any time, it was decided to issue a circular to local boards of health on the prevention and restriction of cholera.

The third edition of 30,000 copies of the document on the Restriction and Prevention of Diphtheria being nearly exhausted, it was decided to revise it and issue a fourth edition, not to exceed 25,000 copies, for general gratuitous distribution in Michigan.

The work of the office in compiling reports of sickness, meteorology, and of proof-reading, correspondence, etc., has continued as heretofore.

A compilation of the Public Health Laws of Michigan has been printed, and is nearly ready for distribution.

The document on Restriction and Prevention of Scarlet Fever has been revised and 20,000 copies printed for gratuitous distribution. Proof on most of the Annual Report has been read, and it is now printed up to page 224.

A second demand for the return of names and addresses of health officers has been made on delinquent townships, cities and villages. Addresses of about 1,050 health officers have been received and recorded. As fast as addresses of health officers for 1884 are received, there are sent to each such officer enough copies of the revised circular on the work of health officers and local boards to supply each member of the board with a copy. Documents on the Restriction and Prevention of Contagious Diseases are sent with the circular, and a blank for notification to this office of an outbreak of a dangerous communicable disease. During the quarter about 120 letters and 8,000 documents have been sent to local health officers where contagious diseases have been reported present, the documents being for general distribution among the neighbors, who it is believed are much more likely to read them carefully at such times.

The next regular meeting of this board will occur October 7, 1884, instead of the second Tuesday in October, which would be its regular time.

The Medical Age.

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THE PROPHYLAXIS OF MALPRACTICE SUITS.—It is certainly an anomalous condition of affairs that makes the members of the most humanitarian calling among men—that which excels all others in the munificence of its unostentatious charity, and to which more than to any other, men turn supplicatingly in the hour of their deepest affliction—the most liable to punishment for their real or fancied errors. Who, for instance, ever heard of a clergyman being prosecuted for teaching a false doctrine in religion, and how often is a lawyer brought before the court on a charge of malpractice? The medical profession has to do with the body, and the infirmities of this are more tangible, and appeal more directly to the sympathies of the unthinking, than the moral deformities which may be the outcome of a pernicious doctrine, or the pecuniary embarrassment which may be the result of erroneous legal advice. The physician who has been sued for malpractice, enters upon the contest handicapped by the prejudices aroused in the minds of the jury by the physical infirmity for which lawyers are sought. Next to corporations, which are popularly supposed to be soulless, physicians in such contests appeal with least success to extenuating circumstances. The plaintiff has suffered from the failure, unavoidable or otherwise, of the surgeon to restore him to the condition in which the accident found him. This fact looms up before the average juror, and usually so over tops all other considerations that it cannot be removed from his sight in his search for justice.

But while it is a hardship to be thus constantly menaced, the hardship is not much improved by the most successful outcome for which the defendant may hope, under the existing statutes. The plaintiff may utterly fail to substantiate his allegations in the trial court, or gaining a verdict there, it may be reversed by the court of appeal. In either case the victory is the physician's, but it is only he who has enjoyed such a victory, who realizes its cost. Unless the defendant have succeeded in amassing more wealth than is the common lot of the profession, it will take but few of these most brilliant victories to involve him in financial shipwreck. Few who have been vindicated before the courts but will regard the vindication as a luxury, quite too costly an indulgence for persons of their financial standing, and it is to be feared that in not a few instances physicians, panoplied even strongly in the right, have suffered a levy of blackmail rather than run the risk of being declared competent by a jury of their "peers."

Nothing could be more natural than that the question of how to steer safely between the Scylla and the Charybdis bounding either side of the practitioner's course through life, should be one in the solution of which he is deeply interested. Both in individual and in corporate capacities, he has addressed himself to it, but as yet he has discovered no means whereby his protection and "public policy" can be made to harmonize. His failure should not, however, be held as a sufficient excuse for a suspension of his efforts in this direction. The profession has, it is to be feared, never properly realized the power it has within itself to prevent the evil to which its members are subject through the cupidity of those whose infirmities they have honestly striven to remove. Singularly enough the Code of Ethics, which prescribes in such detail so many of the things which the physician should do, and so many of the things which he should leave undone, is as silent as the tomb on this most vital question of professional interest. It utterly ignores the fact, which is, how-

ever, none the less a fact, that in the vast majority of instances, suits for malpractice have their origin in professional jealousy or a lack of that fraternal feeling which should inspire the members of the profession, or which should (to put it on less sentimental and more utilitarian grounds), bind them together against a common enemy. Forgetting, in the insanity of his jealousy, or hate, that his encouragement of a suit against a brother practitioner is a boomerang of the worst kind, the physician whose opinion is sought before action is commenced, either boldly condemns his brother's practice, or damns it the more effectually by his faint praise or refusal to actively come to his aid and honestly discourage the proposed attack on his fair name and the hard-earned means with which he fondly hopes to becomingly care for his dependent family, and to provide against the days of physical infirmity which are the certain fruitage of age. There is an element of the snake in human nature which the process of evolution has not yet fully eliminated. In proportion as the full measure of manhood has been realized proper discretion and proper regard for the interests of others, will combine to nip these designs on a brother practitioner, in the bud. While no codical enactments can make a silk purse out of a sow's ear, a recognition of the existence of the evils when menace from the quarter indicated, and the attachment to them of the penalty of professional ostracism, would, we think, do something towards keeping in the line those who do right, not so much because of the love of it, as because of the fear of the consequences of evil. It is among these latter that the legal shyster and barrator finds his trusty allies, without whose assistance suits at law for malpractice would be among the rarer causes which our courts are called upon to try.

We would not have it inferred from the above remarks that the profession should be banded together to defeat the ends of justice, to shield ignorance and incompetency, in the ranks of its practitioners, or to exculpate unwarrantable operations or deliberate carelessness. Doubtless, there are numerous ignorant, incompetent, reckless and careless practitioners of medicine and surgery, and for the profession to condone their errors of omission and of commission, would be not only to place a premium on these faults, but to be guilty of a species of dishonesty, against which the better instincts rise in rebellion. We would, however, remove from the individual the privilege of pronouncing an opinion on the question of capability of a practitioner, in cases in which the result is sought to be made the cause of action for damages. It is now pretty generally understood that the physician who produces a miscarriage on the strength of his own judgment, both becomes amenable to the law and degrades his professional standing. We would, by codical enactment, make it equally unprofessional for him to take upon himself the responsibility of giving an opinion, or even hinting at an opinion, in any case in which he may be consulted, with a view to determining whether it presents any grounds on which to base an action for damages. In all such cases the physician consulted should be estopped from an opinion until he has had an opportunity of carefully examining into the merits of the case in the presence of the practitioner whom it is proposed to mulct, and such other competent gentlemen as may be called in. No honorable man regardless of his individual opinion as to the liability in a given case, will give an expression before being informed in regard to extenuating circumstances, and such as are not strictly perpendicular in their moral make-up should be prevented from so doing.

There are other etiological factors in the causation of suits for malpractice, and we shall endeavor to reveal them in a future effort in this direction.

Our Children's Eyes and Books.—One of the penalties of the mental advancement which characterizes civilization, is the deterioration of the physical man. The one who will but look about him will scarcely need his attention to be especially called to the abundant illustrations of this fact. The particular defect which we would at present refer to, is that which is noticeable in the defective eyesight, particularly of the children and younger people of the present age. This subject is made the basis of a paper by Dr. F. C. Hotz, published in the July number of the Chicago Medical Journal and Examiner. Dr. Hotz starts out with the proposition that a child is seldom born near-sighted, and that near-sighted eyes are not found among the uncivilized races. While observations conducted on the eyes of school children in the various countries of the civilized world show an alarming prevalence of myopia, the percentage increases from the lower to the higher grades in each school, and from the common schools to the schools and colleges. This increasing percentage, with the length of time which a child has been at school, points very clearly to some intimate causal relation between school life and near-sightedness. The cause is clearly in the adjustment of the focus and the visual axis of the eye, to the distance at which the book or slate is placed. The sclerotic of the child's eye is then extensible, and its form is influenced by the tension and pressure caused by the adjustment referred to. The distance at which the book from which the child reads, or the slate on which it writes, should be held, in order that the least possible strain may be put upon the eyes during the act, is eighteen to twenty inches. For this distance the convergence of the visual axis is so slight, and the amount of tension so small, that the muscles of the eye are not taxed severely, but with every inch by which this distance is shortened the work imposed upon the ocular muscles rapidly increases, and soon causes a degree of tension and pressure dangerous to the soft tunics of the child's eye. But in order to permit of the child's seeing at the proper distance the book print must be of the proper size. Authors upon this question hold that the type should not be

smaller than one and one-half millimeters, while some experts put the limitation at one and three-fourths millimeters for children's books. This latter size would be about 75 per cent. larger than the type in which the AGE is printed. The distance between the lines should not be less than two and one-half, to three millimeters. An examination of the school-books in use in the grammar and high schools of the city of Chicago, showed that the majority conformed, as regards the size of the type employed, to the above requirements. The words of a school dictionary, however, in very general use are printed in Agate, which measures one millimeter, while the definitions are printed in pearl, the size of which is three-fourths of a millimeter, and the distance between the lines is one millimeter. The strain upon the child's eye, after reading the larger type in the schoolbook, on consulting this dictionary, must necessarily be very great.

But, probably, the greatest mischief is caused by the reading of magazines, story-papers and newspapers, which intelligent and precocious children are allowed to read in connection with their school studies. An examination of the books found in a public library, will reveal the fact that the very great majority of them are printed in type much smaller than that which should be the standard for children's reading. The ordinary newspaper-type measures about one millimetre. But in addition to the type there are other causes of myopia, and among them are the poorly-lighted rooms in the homes of children who read the newspapers, story-papers and magazines referred to. The rooms of the rich are dimmed by curtains and shades, and the rooms of the poor are dark for want of large windows, or because they are situated in basements or narrow alleys. Seldom, also, is there any attention paid to the hygiene of reading, and children are allowed to read without reference to the manner in which the light falls upon the page. Parents should be taught the hygienic principles underlying this matter. With this properly understood, there will be no place in the home of the parent, who has a regard for the eye-sight of his child, for the penny-papers, dime-libraries and other so-called cheap literature. Outside of the poisonous nature of the mental pabulum which such literature affords, it is, as a rule, printed in such a manner as to defy all the rules which should govern the letter press of books intended for the eye of the growing child.

Another fruitful cause of myopia is also found in the ill-health of the child, the sclerotic sympathizing with the general condition of the system. When the latter lacks physiological tone the former also lacks it, and is thus doubly susceptible to those causes, the operation of which directly results in its malformation.

STATIC ELECTRICITY AS A PREVENTIVE OF CHOLERA.—A recent number of the "Progrès Médical," contains the following speculations by M. Romain Vigouroux, which we would suggest should be read in connection with the recent articles in the AGE, by Drs. J. Hoke and D. W. Flora: "Among the innumerable preservatives against cholera which are being proposed daily, some are manifestly insignificant; others may end in weakening the system, and thus defeat their object; but still others, more rational, consist in the employment of antiseptics. But antiseptics are numerous; in general, each of them acts only upon a particular category of inferior organisms. How, then, shall we make a choice, since we know neither the agent of transmission of of cholera nor the conditions of its existence? In this state of uncertainty, it is logical to seek for an antiseptic with the most extensive sphere of action, and one which exerts its destructive effect upon parasitic elements indiscriminately. These things considered, ozone should be placed in the front rank. Moreover, it has already attracted the attention of physicians. In England, particularly, it was proposed, about twelve years ago, to make cholera patients breathe ozone. M. Pasteur's learned collaborator, M. Duclaux, thus expresses himself on this point:

"'The experiments of Boillot, of Angus Smith, and of Chappuis bear testimony that, in certain cases, ozone may be a very active disinfecting agent. M. Chappuis submitted wads of cotton, charged with dust collected from the air, to the action of a current of ozone, and found that they could then be sown in a nutritive solution without growing. So far as I know, the amounts of ozone necessary to produce disinfection have never been measured experimentally, but without doubt they may be very small; and, if arrangements are made to make the disinfection continuous—if, consequently, the element of time is availed of—there is ground to hope for good results.

"'As a matter of fact, it is comparatively easy to charge air with appreciable amounts of ozone. There are many ozonizers, some of which are very efficient, but the most practicable measure is founded on the use of essences. Schönbein was the first to observe that certain essential oils disengaged ozone during the process of their oxidation. Angus Smith made a classification of the more common of the volatile oils according to the amounts of ozone they thus disengaged, taking for his guide the tints imparted to ozonic paper. He placed essence of orange-peel in the first rank, then essence of turpentine, then those of juniper, of cumin, and of lavender. On account of its cheapness, oil of turpentine is the most available, and a current of air circulating over large-meshed fabrics saturated with the essence would deserve study as a disinfecting agent.'

"Two chief things will be remarked in this quotation: In the first place, the result of M. Chappuis's experiments, which prove that ozone neutralizes *all* the germs contained in the atmosphere; then the known fact that the essences owe their incontestable efficiency to the production of a certain quantity of ozone. In this connection it cannot be denied that,

as a means of disengaging ozone for the disinfecting of houses, the exposure of essential oils to the open air is within the reach of all; but, if it is a question of more localized applications, and where the quantity of the gas must be more considerable, it is quite necessary to resort to the ozonizing apparatus, such as those of Houreaux, Siemens, A. Thénard, and Berthelot. All these apparatuses are founded on the property possessed by the electric discharge of partially transforming oxygen into its isomer. Let us add two important details: On the one hand, the obscure discharge is much more active that the electric spark, and, on the other hand, the mixture of certain gases with the oxygen favors its transformation. Of all gases, nitrogen is the most efficient in this respect. The production ought, therefore, to be very easily brought about by the obscure discharge in the air.

"This being the case, it will be seen that electrization with the electrical machine that is now getting to be used in electro-therapeutics furnishes conditions in the highest degree favorable to ozonization. To convince one's self of this, there is no occasion to have recourse to ozonometric paper. So soon as the machine is set in operation, ozone announces its presence by its characteristic odor. This odor becomes much more marked if, without provoking a spark, a metallic exciter with a pointed end, or a blunt shaft of wood, is directed toward the patient seated on the isolating stool. Some patients declare that, after having thus been electrified, the smell of ozone clings to their clothing and to their skin for several hours, and even to the following day. In such a case, it will be seen, the ozone is merely diffused through the air; it is produced on the surface of the body which it impregnates—that is to say, at the very limit which the morbific agent must pass in order to become dangerous.

"Given, then, the preventive properties of ozone, is it evident that the surest way of making use of them is by static electrization? We are thus led to consider this electrization as one of the most rational among the preventives of cholera. We have the less hesitation in selecting it, because, besides its prophylactic action, it presents, contrary to most of the means that have been recommended, the positive advantage of improving nutrition, and thus increasing the vital resistance. The remarkable accelerating influence of static electricity on the chemical phenomena of nutrition explains its utility in numerous morbid states connected with a retardation of this function.

"Not to speak of clinical observations, we have observed a fact which well shows the energy of this action of electricity on the intimate phenomena of nutrition: The simple electric bath, i. e., a stay of a few minutes on the isolating stool, suffices to raise the temperature from 0.3° to 0.7° C., according to the peculiarities of the subject. This is not the place to insist upon this argument, which we propose to develop in a special work. We may now formulate the following conclusion:

"According to data generally admitted in regard to the prophylaxis of cholera, static electrization practiced daily is the means of which the efficacy is is the most probable. It acts at the same time by producing an antiseptic *par excellence*, ozone, and by stimulating all the functions of the organism, and especially that of nutrition."

THE CAUSES OF FAILURE IN PRACTICE.—Our attention has been arrested by a collection of replies received from leading business men to the question, "What, in your observation, have been the chief causes of the numerous failures in the life of business and professional men?" This collection is published in the United States Economist, and although the question and replies have a special reference to business, rather than professional pursuits, the causes of failure will, on consideration, be found to be no less applicable to the latter than to the former. The profession of medicine, in particular, has its business features, upon which success, in the ordinary acceptation of the term, is, doubtless, more largely dependent than upon those features which are more strictly professional. Governor St. John, whose position on the temperance question is so well understood, places the causes of failure in idleness and intemperance. The late Alexander H. Stevens gave want of punctuality, honesty and truth, as the chief causes. Hon. Darwin R. James declared incorrect views of the great end and aim of life, as the most prolific cause. "Men," he said, "are not contented to live plain lives of integrity and uprightness; they want to get ahead too fast, and are led into temptation." President Bartlett: Lack of principle, of fixed purpose, of perseverence. President Elliott: Stupidity, laziness, rashness, dishonesty. Dr. H. M. Dexter of the Congregationalist: Want of thoroughness of preparation, want of fixedness of purpose, want of faith in the inevitable triumph of right and truth. Prof. Homer B. Sprague: Ill-health, mistake in choice of employment, lack of persistent and protracted effort. A low ideal, making success to consist in personal aggrandizement, rather than in the training and development of a true and noble character. Dr. Lyman Elliott: The combined spirit of laziness and self-conceit, that makes a man unwilling to do anything unless he can choose just what he will do. Judge Tourgee: Trying to carry too big a load. I don't know about a professional man's failing if he works, keeps sober, and sleeps at home. Lawyers, ministers and doctors live on the sins of the people, and, of course, grow fat under reasonable exertion, unless competition is too great. It requires real genius to fail in either of these walks of life. Hon. Joseph Medill: Liquor drinking, gambling, reckless speculation, dishonesty, tricky conduct, cheating, idleness, shirking hard work, frivolous reading, lack of manhood in the battle of life, failure to improve opportunities."

A number of replies in addition to those quoted

are given, but an analysis of them shows that the chief causes ascribed for failure are, a wavering purpose, non-stick-to-ativeness, failure to grasp and hold, scattering too much, trying to do too many things rather than to stick to the one thing one knows most about. Another very fruitful cause of failure is the disposition to escape hard work, and to get rich in haste. Desiring the success another man has, without being willing to work as that man does, and begin, as he did, at the foot of the ladder. How many who were in haste to get rich, to reap without patient industry and sowing, have learned the truth of the old proverb: "The more haste the worse speed."

GERM-ANE.—The Phrenological Journal has coined the above word to meet recent microscopical discoveries, and proceeds to describe some of them as follows: We are living in an ocean of infectious germs. So the microscopists tell us. With the recent improvement in lenses and methods of examination, a world of minute life has been revealed that should be most startling to every one who reads about the spores, bacteria, bacilli, micrococci, etc., etc., that render whatever we eat or drink tremulous with parasitic life. The atmosphere teems with an infinite detail of germs, each one ready to pounce upon our soft tissues for a contribution to its greedy maw.

Every breath takes in a countless host of these creatures to riot on our delicate "innards." What fastidious appetites the brutes must have! for some show a special preference for dainty protoplasmic bits of liver, or kidney, or heart; while others make imperative demands upon the choicest of our neurilemma, or are found at table in the most retired chambers of the brain. What are we to do about it? Must all our fair dreams of development, progress, civilization, be regarded as arrant delusions? and must all our hopes of health and longevity go down before the advancing hosts of invisible imps that Koch and Pasteur, Crudelli, and Schmidt and Grassi tell us are only the vanguard of zymosis and contagion?

One tells us that we must beware of flies; even that familiar little impertinent that has buzzed in our homes for centuries, has made himself welcome to everything nice on our dining table, is teeming with creatures whose names are witnesses to their terrible characters—as the *tricocephalus dispar, oxyuris vermicularis, tænia solium, oidium lactis*, and so on. Even our books and newspapers, freshly drawn from the vendor's shelves, and apparently pure and bright, are loaded with infectious little scamps. A German, who squints through high-angled objectives, points a new moral to the old apostolic warning of evil in many, by assuring us that the loose change we may jingle in our pockets is coated with animal life, very dangerous to health; and then, O oyster-and clam-eater! know that in the tissues of your favorite bivalve lurk those relentless foes of family peace, scarlatina, diphtheria, and other frightful things, whose habitat is the human fauces!

We tremble as we contemplate the situation. What are we going to do about it? Oh, let the manufactures of disinfectants be multiplied; let the disease-breeding atmosphere be made redolent with sulphur fumes, carbolic acid, chloride of lime, zinc, copperas! and let everything that is germicidal be thickly spread over our food and drink! Hurry, hurry, hurry, ye chemists, with your potent mixtures, and relieve us from being the unwilling habitations of lively bacteria and bacilli, of tænia and ascarides, who are sworn against our mortal comfort and physical integrity.

THE PROPHYLAXIS OF CHOLERA.—In the present state of popular excitement aroused by the threatened importation of cholera to our shores, it behooves the profession and sanitary authorities to inculcate the doctrine embodied in the somewhat trite proverb, "an ounce of prevention is better than a pound of cure." It would almost seem that the periodical threatening of an invasion of the Asiatic scourge is a blessing in disguise. The attention of the public is stimulated to practical sanitary measures during these scares as it is at no other time, and, probably, were there not something of this nature to arouse the people from the apathy into which they are prone to fall, in connection with a matter of such vital importance, there would be such an accumulation of filth as might explode in some equally fatal affection to that the fear of which stimulates to the spasmodic measures for its prevention. The rules which govern the effective prophylaxis of cholera differ in no respect from those governing general hygiene and sanitation. In the case of cholera, as in that of all other zymotic diseases, there is a germ which will not grow unless deposited in fruitful soil. The conditions most favorable to the growth and development of the cholera germ are decomposing organic matter and moisture, the same conditions practically which are most favorable to the growth and spread of the great majority of diseases dependent on a parasite. To prevent the disease, therefore, these conditions must be removed, and the community in which the streets and yards are free from such decomposing organic matter, and in which the sewerage is sufficiently good to prevent undue moisture, is thereby granted an immunity from "the pestilence which walketh in darkness and wasteth at noonday." It is just the difference, as the British Medical Journal pithily puts it, between burying mushroom spawn in a dunghill or on a sandheap. In the one case we shall have a rich crop. In the other a few feeble and short lived fruits. By all means exclude the first class if you can, but at any rate let us make sure that if they evade our vigilance they shall die out for want of the conditions necessary for their continuation. We may not be able to keep out the enemy, but we can, if we will, starve him out when he has landed in our midst.

Corrosive Sublimate or Carbolic Acid as a Disinfectant in Midwifery Practice? Stadfeldt, of Copenhagen, *Centbl. f. Gynäk.*, No. 7, 1884: In considering this question the writer first takes up antiseptics used prophylactically, and, second, therapeutically. For use as a disinfectant in maternity hospitaly, he prefers carbolic acid, because of its being less likely to be mistaken for other substances. Its smell he regards as an advantage, enabling the physician to know that a disinfectant has been used. The coloring matter employed to distinguish the sublimate solution he objects to, as it gives rise to permanent stains on linen. The question of price is, in his country, out of consideration, as the government supplies, gratis, carbolic acid to midwives. As a therapeutic disinfectant he was constantly in the habit of using carbolic acid. Occasionally, after frequent inra-uterine injections, he noticed slight symptoms of collapse. Hoping that, by using the sublimate solution, he would not require to make so frequent injections, he made use of it in seven cases where intra-uterine washing-out was indicated. The strength of the solution used was 1 to 1500. In the first six cases the results were more satisfactory than he would have expected had he used carbolic acid, and fewer injections were required. In two of the cases there was slight diarrhœa occasioned, and in two slight tenderness of the gums, but these symptoms rapidly passed off. He noticed that it was not in proportion to the number of injections used that the likelihood of constitutional poisoning depended, but that some patients were extremely easily affected. In the seventh case, while an intra-uterine injection of 1 to 1500 was being carefully used on the fifth day post-partum, the patient suddenly complained of headache. Shortly afterwards diarrhœa commenced and sickness. The urine diminished in quantity, contained albumen, and ultimately was nearly completely suppressed. There was no salivation, but the tongue was tender, and on its under surface near the edges were several gray-colored, smallish ulcerated points. She died in five days. On post-mortem examination, no peritonitis was found, nor was there anything in the condition of the pelvic organs sufficient to account for the death. On the mucous surface of the large intestines, especially towards and in the rectum, there were numerous ulcerations, and the lower end of the small intestine was considerably congested. The kidneys were large, white, and fatty. No trace of mercury could be found in any of the tissues, but, notwithstanding this, the writer considers that the cause of death was mercurial poisoning.

The Patient and the Disease.—There is, probably, no small amount of mischief done by the mistake of treating the disease and losing sight of the patient. In his recent Gulstonian lectures Dr. Clifford Allbutt refers to this error more particularly in connection with the neuroses, as follows:

"Such changes or such settlements of perverted action are often, no doubt, called to this spot or the other by some local deviation from the normal, as consumption may take its beginning from some trivial or forgotten catarrh; but the essence of the malady is not there, and to try to cure such a malady by local means is as wise as to try to cure a syphilis by antiseptic dressing of its ulcers. Such subsidiary means are often needed, often, indeed, necessary, but in cases like those under discussion should be used as little as possible, because of the tendency of such methods to arouse and perpetuate a morbid possession of mind in the woman. All this our more robust, clear-sighted, and more upright gynæcologists know well enough; in the rest the fault may lie rather with modern fashion than with themselves. Looking only to the uterine organs, their reason bounded by the confines of the pelvis, they attempt to stem the tides of general and diathetic maladies with little Mrs. Partington mops of cotton-wool on the ends of little sticks. That many of the cases need a judicious combination of local and general treatment is true, but in most of them the patient and the doctor are fascinated by the local phenomena, while nature herself is performing on a far larger scale. If we are to cure the disease, we must be able to fly with her and to run with her, as well as to creep with her. In my later chapters, I shall recall the truth which should ever be before us,—that the fundamental difficulty in all neurotics, not hysterics, is their nutrition. More fresh air, without expenditure of the slender store of strength; the permeation of their starved tissues with the fat which they themselves so often loathe in their food,—these two reforms accomplished, all their organs will take on a more generous and more vigorous life, all their tissues will brace and cleanse themselves, form a purer and richer flow of blood, and force will be stored up and energy developed, where all before was dilapidation and sterility. As a shrewd old Yorkshire doctor once said to me, 'It's no use, my lad, putting the hands right upon the clock-face if you have not cleaned the works.' Gentleman, we are all one-sided. I speak to-day from my own one-sidedness, and my convictions are upon the side of cleaning and repairing the clock."

Death of Dr. Charles Tracey Southworth.—Dr. Southworth was born at Coventry, N. Y., May 19th, 1827, and died at his home in Monroe, Michigan, August 14th, 1884. He received a classical education at Oberlin College, Ohio, and the University of Michigan. His first course of medical lectures was taken at the College of Physicians and Surgeons, New York, in the winter of 1845-6. He afterwards went abroad, and after taking a course under Trousseau and Ricord, in Paris, he went to Madrid, Spain, where he spent two years as hospital interne, and graduated from the University of Madrid, May 20th, 1849. In the following September he removed to Havana, Cuba, leaving there two years later for Matamoras, Mexico, whence, in the

October of that year he went to Vera Cruz. In 1853, while living at the latter place, he was commissioned by General Santa Anna as division surgeon of cavalry, accompanying the troops on their return to the city of Mexico, in that capacity. He resigned in 1855, and was appointed surgeon-general of the army of the north by Santiago Vidaurri, the governor of Coahnila and Nueva Leon. In 1859 he returned to the United States, and settling at Monroe, he remained there until his death.

Dr. Southworth was a man of sterling qualities. Intense in his likes and warm in his dislikes, he was a steadfast friend and an enemy whom, though incapable of aught mean or unbecoming the thorough gentleman that he was, those to whom he was opposed were generally anxious to placate. As a practitioner, he brought to his vocation an unusually vigorous mind, unusually well stored with the learning of the schools, and never suspending the habits of the student, his experience and his reading combined to place him without a superior among the physicians of this State.

Dr. Southworth was a man of massive physique, of great strength, and, up to the time of the accident which eventually terminated in his death, his health was robust and vigorous. The accident occurred about six weeks prior to his death, and consisted in a severe strain from his being thrown over the dashboard of his carriage, through the sudden start of his horse. It left him with a rupture of the cardiac valves, subsequent to which there developed a pneumonia, to which he succumbed. We are not aware that any post mortem examination was held to determine the precise nature of the cardiac lesion.

Death Following Extraction of Teeth.—The Medical Record gives an abstract of a report by a Dr. Zahrevitch, in which two instances of death following the extraction of a molar tooth are detailed. The victims in both instances were physicians. In the case of one osteomyelitis developed, and terminated fatally ten days after the operation. In the other osteitis of the inferior maxilla and septicæmia resulted, and caused death in six days. These cases furnish Dr. Z. with an argument in support of his proposition that tooth-pulling should not be conducted with the carelessness which is so customary, but that it should be done under antiseptic precautions. He advises the employment of soap and water, to be followed with a wash of a two-per-cent. solution of carbolic acid for the mouth before the extraction. After extraction the cavity should be filled with a wad of cotton charged with iodoform.

There are many who will ridicule these precautions and refer to them as an illustration of antisepsis run mad, but it will be well to bear in mind that to pull a tooth is not the trivial thing and absolutely devoid of danger, that it is commonly supposed to be. A peripatetic nostrum vendor, who publicly pulled teeth to attract a crowd in this city, until he was fined and estopped under the State dental act, extracted a bicuspid from a young man who was taken with cerebral meningitis within four days after the operation, from which he died inside of a week. The physicians in attendance testified before the coroner's jury that there was no causative connection between the immediate cause of death and the pulling of the teeth, and on the strength of their testimony no criminal proceeding was instituted against the puller, although he was arrested on a capias and action commenced against him for damages, by the mother of the young man. The suit is now pending. The question of particular interest from a medical point of view, is that of the possibility of a connection, which the physicians have already denied, between the pulling of the tooth, and the subsequent meningitis. In view of the cases referred to above, these gentlemen may, possibly, see fit to modify their opinions on this point.

Diabetes and Glycosuria.—Although the fallacy has been pretty thoroughly exploded, there are probaby still a very large number of medical practitioners with whom the simple fact of sugar in the urine is diabetes. In a forthcoming work on the subject, by Frerichs, are some interesting points on this question. The author shows that sugar may appear in the urine from a variety of causes. Poisons of various kinds in the blood, particularly those which cause accumulation of blood in the abdominal viscera, may give rise to it. Contrary to the generally-received opinion, however, he states that ether and chloroform do not. Glycosuria may occur from disturbed digestion, and particularly in gouty persons, although in perfect health an enormous quantity of sugar may be taken without a trace of it appearing in the urine. Nerve disturbance, psychical or otherwise, may give rise to glycosuria; the experience is quite common to find sugar in the urine of patients suffering from extreme mental worry from business trouble, and the author details a number of observations in which local neuralgias and various coarse lesions of the brain and membranes give rise to this abnormality.

Touching the question of the treatment of diabetes, Frerichs thinks we have as many resources against the malady as against gout, emphysema, or chronic Bright's disease, and he has had patients who have survived ten, twelve, sixteen, and in one instance, twenty years. Mental quietude is all-important, and bodily exercise, as recommended by Trousseau, is of great service. As regards diet, a reduction of the carbo-hydrates is advised, and he thinks it better to allow the patient a little bread, and to give in addition to the flesh a fish diet, and green vegetables as free as possible from starch.

The milk cure, he says, has done more harm than good. In gouty cases the alkaline springs, Carlsbad, Neuenahr and Vichy, are of great, and occasionally, permanent benefit. The anti zymotic remedies, such as carbolic acid, iodoform, salicylic acid, etc., so much lauded by some physicians, are not of permanent value.

THE ESSENTIALS FOR SAFE ETHERIZATION.—Probably not a few of the fatalities attending the administration of anæsthetics, and particularly ether, are traceable rather to errors in the method of the exhibition than to any inherent poisonous effects in the anæsthetic *per se*. Probably the vast majority of our readers are so fully cognizant of the precautions which should be observed, that they could recall them with very slight effort. Too frequently, however, in the majority of instances, they do not recall them at the proper time, and the fact that their omission is so frequently unattended by accidents, but tends to favor the practice of ignoring them altogether. It may, therefore, be profitable to succinctly review them occasionally. Dr. David W. Cheever does so in a recent article in the Boston Medical and Surgical Journal. He insists on the necessity of the following: An empty stomach; a loose neck; a free abdomen—no corsets or skirt-bands; removal of artificial teeth; an easy, semi-recumbent position; a sponge wrapped in towels for the ether; a gag and forceps for the tongue. When stertor occurs the patient should be tipped forward, the cheeks opened with two fingers, the tongue drawn out and the fauces swabbed. To insure safety the surgeon should hear every respiration of the patient.

Anæsthesia from sulphuric ether is of two forms. One is primary anæsthesia, which is a moment of confusion coming on after a few inspirations. At this moment a felon can be opened without pain and the patient wake at once. The other is comatose anæsthesia, for prolonged operations. Ether may be given almost indefinitely. To relieve the hopeless agony of tetanus, Dr. Cheever has administered it for twenty-four hours. Another very essential precaution to safety, is the selection of only the best and purest, anhydrous ether.

BORAX AS A PREVENTIVE OF CHOLERA.—At a recent meeting of the French Academy des Sciences (Gaz. hebd. de Med., N. Y. Med. Jour.) M. de Cyon called attention anew to the antiseptic properties of borax, and to the fact that it was so harmless that it could be taken into the system in quantities as great as fifteen grammes (nearly half an ounce) daily without giving rise to the least trouble, as he had announced so long ago as 1878. Since that time his confidence has but increased in the excellent qualities of the drug in all parasitic or microbic affections, and notably as a powerful preservative against cholera. Its efficacy, he says, is shown by the fact that during past epidemics of cholera the workmen employed in manufactories of boric acid have always been spared, although the neighboring population were killed in the proportion of one third, as at Lordevello, in Italy, for instance, in 1864–'65. Taken in doses of five or six grammes daily, borax not only has a direct action on the microbes contained in the intestinal canal, but, passing into the blood, it is capable of reaching the bacilli which have gained an access to that fluid. In cholera times the constipating action of the bi-borate of sodium is an additional argument in its favor. The author advises washing the surface of the body and the external mucous membranes with a solution of boric acid or of borax, and mixing the latter with the food and drink to the extent of ten grammes in twenty-four hours.

OUR GROWING LONGEVITY.—The increasing knowledge of the laws of sanitation and personal hygiene are yearly adding to the average of human life. In an address before the late international health exhibition at London, Sir Jas. Paget referred to this matter in his usual pointed and telling manner. He indicated as the reasons for increasing longevity, and the less amount of sickness, as compared with by-gone times, the fact that there is less intemperance and less immorality now than formerly. We have better, cheaper and more various food, far more and cheaper clothing, far more and healthier recreations; we have, on the whole, better houses and better drains, better water and air, better ways of using them. The care and skill with which the sick are treated in hospitals, infirmaries and even in private houses, are far greater than they were. The improvement and extension of nursing are more than can be described. The care which the rich bestow upon the poor whom they visit in their own homes is every day saving health and life; and even more effectual than any of this is the work done by the medical officers of health, and all the sanitary authorities now active and influential in all parts of the kingdom. What we want, forcibly insisted the learned lecturer in conclusion, is more ambition for health, and a personal ambition for renown in health as keen as is that for bravery or for beauty, or for success in our athletic games and field sports.

MENSTRUAL LEUCORRHŒA.—It is too frequently the practice to regard leucorrhœa as a disease rather than as a symptom, and the consequence is the prevalence of routine treatment in this class of cases. That there are evils connected with, or a direct outcome of, such treatment in these cases must have been apparent to every observing practitioner. The matter has, however, received little or no attention in the literature either of the periodicals or of the text-books. An article on the subject, therefore, by Dr. Stovell C. Parsons, in the Southern Medical Record, merits more than ordinary attention. Dr. Parsons has reference in his paper more particularly to the abuses which are perpetrated under the name of treatment, in the case of leucorrhœa occurring in virgins or unmarried females. The routine treatment in such cases, is an injection of some astringent solution. The result is not only very apt to be a failure as regards the affection itself, but it is also liable, as in a case which Dr. Parsons cites, to arouse dormant venereal passion, a something which

is to be strongly condemned, particularly in the case of the virgin. As a rule, leucorrhœa occurring in the latter, is of menstrual origin, and can be successfully treated only after a comprehensive view and critical examination of each particular case. In his experience the use of the syringe in such cases has continued and aggravated the leucorrhœa, while, as noted, the irritation has frequently developed more serious conditions.

The Treatment of Burns and Scalds.—The desiderata in the treatment of burns and scalds are the exclusion of air, the allaying of nervous irritability and perfect rest. Various plans for meeting these indications have from time to time been devised. The old-fashioned carron oil has maintained its popularity against innovations, that of the bi-carbonate of soda solution not excepted. Dr. C. F. Naismith, however, contributed to a recent number of the Lancet a method, for which he claims more excellent results. His practice is to place the injured member in ice-cold water, in which he keeps it until all the pain has disappeared. It is sometimes necessary to keep it thus immersed for from two to four hours, or even longer. The water heats rapidly, and must be kept cold either by the addition of ice or constantly renewing. As long as the scalded part is kept under water, providing it is cold enough, no pain is complained of, and the symptoms of shock are much lessened. As soon as the limb will bear removal from the water without pain, he lays on thickly, lead acetate and resin ointment (one drachm to one ounce) and envelopes the part in cotton wadding. He has found this ointment to yield excellent results also in erysipelas. Should suppuration occur, he advises the addition of a few drops of creosote. By this treatment the pain and shock are reduced to a minimum. Opiates are seldom required, and danger to life is, he believes, greatly averted.

Prevention of Attacks of Cholera.—Surgeon-General Cornish says in the Indian Medical Gazette: "It is within the experience of all, that an attack of cholera in the individual is often aborted by timely treatment. During an epidemic, what can be commoner than the following typical case? A man is suddenly seized with a feeling of oppression and sinking about the epigastrium, followed by two or three frequent and copious watery evacuations, and, if there be no actual sickness, a feeling of nausea and faintness. Such attacks often occur in the early morning, the patient having gone to bed perfectly well, and slept soundly until the desire to relieve the bowels was felt. Besides these symptoms, there is generally a clammy skin, a weak pulse, and much nervous anxiety. Now, let a case of this nature be treated instantly, by some combination of opium with a diffusible stimulant (a full dose of chlorodyne and brandy is perhaps the best and simplest remedy to be found at hand), let him be put to bed, and have warmth applied to his feet and epigastrium, so as to favor sleep. In nine cases out of ten, when the patient falls asleep, the diarrhœa is checked; and when he awakes, he will feel quite easy and comfortable. In the tenth case, the remedy may fail and the disease progress until all the symptoms of aggravated cholera appear in due order. What becomes of the *contagium* of cholera supposing the disease be due to an infective germ, when the early diarrhœa is checked?

Low Temperature in Pneumonia.—The danger attendant upon inflammatory disease is generally regarded as existing in proportion to the elevation of bodily temperature, and usually the prognosis is regarded as favorable in cases in which the thermometer registers low on the scale. That this rule is not without its exceptions is attested by a report of cases by Dr. Janeway to the New York Clinical Society. These cases were three of pneumonia, in which the temperature did not exceed 100° F., although there was well-marked consolidation at the base of one lung and some signs of inflammation on the other side. Dr. Janeway, thought this low temperature usually foreboded evil. The three cases which he reported terminated fatally. With this low temperature co-existing with well-marked local signs of pneumonia, the disease was formerly classed as asthenic pneumonia.

While, in the discussion which followed Dr. Janeway's paper, several cases of low temperature in pneumonia were reported as terminating favorably, the fact of its existence may be regarded as sufficient to place the medical attendant on the alert.

Iodide of Potassium in Pneumonia.—A Doctor Gualdi has reported a number of cases treated after the method recommended by Schwarz, with most excellent results. This method consists in the exhibition of iodide of potassium in six grain doses, every two hours, and the application of an ice-bag to the chest over the seat of the inflammation. He summarizes the conclusions from his experience as follows: First, the results of Schwarz's method are even better in the case of children than in that of adults; second, the treatment should be commenced at the beginning of the disease, for when commenced at a later stage cure is less rapid and satisfactory; third, the action of the iodide is exerted upon the fever and the general disease, and not upon the local lesion; fourth, the iodine and the potassium become separated within the organism and each of them exerts a special effect; fifth, the action of the ice is upon the local condition. While it is useful in the stage of pulmonary congestion, it is injurious in that of hepatization.

The Onion as an Antidote to Stings and Bites.—A correspondent sends us the following

clipping, for the correctness of the main statement of which he says he can vouch:

"An old woodsman of Australia, who used to catch snakes for pastime, says that a raw onion bruised and applied as soon as possible to the wound, is a certain cure for the bite of all venomous serpents of that country, except the death adder, which he admits is so poisonous, and its poison is so quick in acting, that there is no known remedy for it. That the onion is a specific for the sting of poisonous insects of all kinds has long been known to the writer of this paragraph, who, when a boy, invariably carried one on expeditions with companions, against hornets' nests, etc. It was found that the application of onion juice would instantly allay the pain caused by the stinging of hornets, yellow-jackets, wasps, etc."

THE SONG OF THE TUBERCLE BACILLUS.—Translated from the German of the Wiener Caricaturen:

Owner of the strongest glasses,
And the sharpest eyes to pore;
Famous chief, enough your triumph—
Koch, what would you with us more?

In the lungs we dwelt in safety,
Till you came with cruel lore;
Stained us blue, and magnified us—
Koch, what would you with us more?

You have planted us and bred us
In a dog! Oh! trial sore!
Robbed our nature of each secret—
Koch, what would you with us more!

We repent us of our evil,
Bitter tears our sad eyes pour;
Self-consumed, we die of phthisis—
Koch, what would you with us more?

We notice some remarks, not loud but deep, reflecting a little on the action of the Jefferson Medical College men in soliciting from the profession contributions for the endowment of the Gross Professorship of Pathological Anatomy in that institution. It is intimated that if such a professorship is established there are other colleges in which the establishment might be quite as appropriately made as in Jefferson, their peculiar affection for which has not been indicated in the bequests of any of its decedent professors. For instance Professor Pancoast, who died a couple of years or so ago, and who left an estate of over a million, left not a nickel of it to the college, and among the bequests in Professor Gross's will, which, it is said, disposed of upwards of a quarter of a million, there is no mention made of one to the institution with which he was so long and so prominently identified. It would help the movement for the proposed professorship very much, if the heirs of the illustrious surgeon were to head the list with a sum of five or six figures or so. Immediately following this five figures opposite the name of the institution itself, would look quite becoming. The rank and file of the profession would, with such examples before them, be moved to come down more handsomely. They would delight to do this additional honor to the memory of Professor Gross, but they would, we believe, like to see some such start given to the proposed movement as we have suggested.

The Michigan Medical Monthly is the name of a new journal which is announced to appear next month. It will be published in Lansing, and will be edited by Dr. Geo. E. Ranney, with Dr. Geo. H. Cleveland as associate and manager. Lansing is the capital of the state and will, doubtless, furnish such an abundance of material as will insure the success of the new enterprise.. The well-known scholastic attainments, also, of its editor, and his ability as a writer, are in themselves enough to insure a brilliant professional and financial outcome. It is gratifying to note that the journal will "maintain the standard of excellence which can only be had by a thoroughly independent organ." The accepted meaning of the term "organ," as applied to journals, is somewhat inconsistent with the idea of independence, the "organ" being supposed to be run exclusively in the interests of an individual or clique. But, of course, as the word is employed by the architect of the prospectus of the forthcoming journal, it can have no such questionable significance. The architect, doubtless, had in mind only the most strictly lexicographical definition of the word, which has not yet been changed to conform to the more or less vulgar conception of its meaning.

Among the articles in the North American Review for September, the leading one is by Bishop J. Lancaster Spalding, who insists that the only sure "Basis of Popular Government" is morality, not culture of the intellect, nor universal suffrage, nor the development of material resources. "The Exclusion of the Chinese," is advocated by John H. Durst. Four distinguished writers on political economy, namely, David A. Wells, Thomas G. Sherman. J. B. Sargent, and Prof. W. G. Sumner, set forth, from nearly every conceivable point of view, the "Evils of the Tariff System"; and it is announced that in the Review for October several writers of no less distinction will exhibit the "Benefits of the Tariff System." The other articles in the current number are "The Demand of the Industrial Spirit," by Charles Dudley Warner; "Inspiration and Infallibility," by the Rev. Dr. J. H. Rylance; "The Need of Liberal Divorce Laws," by Elizabeth Cady Stanton; and "Our Remote Ancestry," by Prof. Alexander Winchell.

Dr. Julius Wise, of 806 Olive street, St. Louis, Mo., proposes to publish an Encyclopedia of Medical Wit, Humor and Curiosities of Medicine. He wants all doctors who know anything funny, of a medical nature, to contribute it. He says the volume will be a large one, but where he is to get his

material in this country, is a problem. The Medical Record says there is no wit in the profession of this country. Now just wait till we see Dr. Wise's book. It will, doubtless, show the utter baselessness of the Record's aspersion. There are lots of funny doctors in this country. The woods are full of them. They only await the opportunity to be brought out.

The Weekly Medical Review says: "Menthel pencils have come into vogue lately as a cure for headache, and are about as efficient for that purpose as a poultice for a fractured bone." We presume the reference is to menthol, and if so, the New York Neurological Society should at once take action against those of its members, on the strength of whose enthusiastic endorsements these frauds were imposed on the profession. Either these members and many other physicians who have spoken warmly in the praise of these pencils, are impostors, or the paragraphist of the Review is funny at the expense of facts.

Ibid: "Jequirity as a specific for trachoma went up like a rocket and is now coming down like a stick." Perhaps so, and yet we know several very competent ophthalmologists who support DeWecker, of Paris, in his statement that there is no remedy which, applied intelligently, is nearly so efficacious in the treatment of this affection as jequirity. The review must have special facilities for collecting information.

Elizabeth, Queen of Roumania, was the authoress of a number of epigrams, some of which are quoted by the Century. Among them is the following: "A physician is a much more profitable father-confessor than a priest. One says to a priest, 'I hate mankind,' and he responds 'You are no longer a Christian!' The physician replies by giving one a dose of rhubarb, and in a day or two one loves one's fellow creatures as well as ever. One says to a priest 'I am weary of life!' and he points out the criminality of suicide. The physician prescribes a tonic, and one finds life amusing again in twenty-four hours."

"In a park at night. She: How horrid the mosquitos are. He: Yes, they are fearful. She: Don't you know of any remedy, Harry, that will keep the insects off? He: Oh, yes, there are— She: I hear oil of tansy is good to keep them off. He remained profoundly silent for the next quarter of an hour." Those New York girls are evidently well up in materia medica, but why did Harry preserve that long silence? It was ominous, to say the least.

Rectal etherization does not seem to be coming rapidly into favor. The obstacles to its popularity have been pretty well canvassed, and in addition to the objections to it from a scientific point of view, others, not having strictly a scientific aspect, are raised. For instance, it has been suggested that the method is such a stern procedure that it cannot make rapid headway, and another contemporary, while conceding it to be fundamentally correct, thinks that it exposes the person too much.

Cholera is still increasing in the area of its prevalence, although it is abating somewhat of its virulence. Koch is disposed to hedge on his prophecy of the inevitable spread of the disease to Germany, and throughout Europe. Even Koch is not infallible, and the profession will not be surprised to hear that his microbe is an effect and not a cause, as there is a strong suspicion of being the case with his bacillus tuberculosis.

The American Druggist publishes the following under the head of "Pharmaceutical Aphorisms: "A miser and his wealth impress a student imbued with the knowledge of chemistry as follows: He is a molecule consisting of one atom of soul, one hundred of body and one thousand of gold. Now, death, the greatest decomposer, precipitates the body, the soul evaporates, and leaves the gold in a free and uncombined state."

Sir Erasmus Wilson, the English Hebra, born in 1809, is dead. He amassed great wealth from the practice of dermatology, and from royalties on his published treatises. His work on Anatomy was the standard before the appearance of Gray. He was exceedingly liberal in his contributions to philanthropic and patriotic schemes in his native country.

An electric sweat-band for men's hats is the latest. It is claimed for it that it stimulates the imagination, strengthens the memory and greatly augments the working power of the brain. No, this is not a Michigan invention, nor is it endorsed, as far as we have been able to ascertain, by any of our Michigan savants.

Ah Sin was his name. Doctor. Making money fast. Lived in Arizona. Dark ways and peculiar tricks. Among latter passing laundry list for diploma. Melican man discovered trick. Jig's up. Fined hundred dollars. Come to Michigan, John. Laundry bill'll do. Lots of diplomas no better, in "Massachusetts of the West."

A medical student gave the following translation of the very correct Latin adage: "De mortuis nil nisi bonum": "From the dead nothing but bones." He was, probably, cousin-German to the young man who, in answer to a question, declared Vir-chow to be the discoverer of vaccination.

Koch is confident in his belief that cholera could, by plans which he suggests, be confined to the soil to which it is indigenous, viz., the delta of the Ganges. The end would certainly justify some very expensive means directed to its accomplishment.

Treatment of Varicocele.—A Substitute for Occlusion and Excision.

BY T. W. WILLIAMS, M. D., MILWAUKEE, WISCONSIN.

Probably no one disease of the male generative organs causes the physician, in general practice, more annoyance than varicocele. Too often the anxious patient is dismissed with the unsatisfactory advice, (unsatisfactory to both physician and patient), to wear a suspensory bandage and apply some styptic lotion to the enlarged and painful cord. Unsatisfactory to the physician, for he knows that the relief will only be partial and temporary, and that the patient will return again and again with the same complaint, and will only cease to return after he has either gone to "that bourne from whence no" unwelcome patient e'er returns, or has lost all patience with local applications of iodine, belladonna ointment, sugar of lead, etc. Only physicians of considerable surgical experience care to perform any of the operations recommended for the radical cure of the disease, and content themselves with palliative measures and diverting the patient's mind from the trouble. The latter is no easy matter, for when told that the affection is a common one and will do no serious injury so long as the testicle is kept suspended, although satisfied at the time, he will brood and worry over the matter afterwards, as only a hypochondriac can worry over any affection of the generative organs.

Some years ago I published a brief article in the Chicago Medical Journal, describing a varix clasp which I had devised for the radical cure of varicocele, and shall reproduce here a portion of that article to more fully illustrate my present views:

"Varicocele, as is well known, depends upon an enlargement, or varicose condition of the veins which form a large part of the spermatic cord. It is sometimes situated on the right side, but is generally on the left, owing, it has been stated, to the absence of a valve where the left vein enters the emulgent, which subjects it to greater pressure from the superincumbent column of blood. Whatever may be the cause, the fact is that the walls of these veins do give way, become relaxed, as it were, and distended, bulging out in places into little pouches, giving the vessel, when full of blood, a knotty appearance. The whole vein, in old cases, is dilated, enlarged, tortuous, cordy, and knotty. The disease is not very prevalent, and although it has been known to exist for years without any serious results, my observation has convinced me that these are exceptional cases, and that in the majority of instances the disease results in impotency and wasting of the testicle, and sooner or later impairs the general health by constant pain and nervous irritation, inducing dyspepsia, dragging sensations in the groins, lumbago, or pain in the back, and a general depression of the system, despondency, gloomy forebodings, and hypochondria. Neuralgia and hyperæsthesia of the testicle are occasionally met with in varicocele—a soft and atrophied condition almost always."

It is not only an exciting cause of spermatorrhœa, but one of the most frequent continuing causes of that disease, which, owing to the flux of blood to the parts, and the continual irritation of the spermatic cord, which is transmitted to the vesiculæ seminales, will often persist in spite of the best medical treatment.

Now we cannot restore the deceased cord to its normal condition by any means known to the healing art. Surgical science proposed as the next best thing, the occlusion of the diseased veins, and the operation for this purpose by subcutaneous ligature, as advised by Ricord, and simplified and improved by Dr. Samuel D. Gross, has, I believe, met with greater favor than any of the various other operative methods proposed. Among the latter may be barely mentioned the barbarous practice of excision of a portion of the scrotum, as practiced by Sir Astley Cooper; the villainous one of including the veins and a portion of the scrotum in a ligature; the senseless one of laying open the sac and ligating or excising the veins; and the unscientific one of wearing a truss. Of all these methods the latter, recommended in "Druitt's System of Modern Surgery," and, I am surprised to find, endorsed in the last edition of Quain's Medical Dictionary, is the least scientific, and the most mischievous in its application. The theory that "Moderate pressure of the dilated veins, at the external abdominal ring * * * so as to release them from the pressure of the superincumbent column of blood, and afford them a moderate degree of support," is wholly impracticable. It is impossible to so graduate the pressure of a truss as to relieve the veins of any pressure. The theory is anatomically false, for the pressure on the veins is upwards, not downwards, the arteries bring a larger supply of blood than the veins can carry off. It accumulates, producing distension and pressure, until from diminished resistance their walls give way. Now the slightest degree of pressure upon the veins in any part of their course between the varix and heart, to that extent retards the discharge of blood towards the heart, and aggravates the trouble. As a clinical fact, the wearing of trusses is a prolific cause of the disease.

The writer, from having had a somewhat extensive practical experience in the treatment of varicocele, and having operated, by different methods, upon about five hundred cases, wishes merely to give the conclusions arrived at from his own practical experience, rather than to appear erudite. Occlusion by subcutaneous ligature, or by strangulation of the vein through the scrotum, by the varix clasp, recommended by me for that purpose, in the article already referred to, when properly performed, *i. e.* when all the veins are included in the ligature, and the spermatic artery and vas deferens are not interfered with, undoubtedly effects a radical cure so far as the diseased veins are concerned.

If the artery or vas deferens are included, complete atrophy of the testicle is certain; but if they are left intact the collateral circulation is always sufficient for the proper discharge of the functions of the gland, and atrophy never occurs. The operation is most successful in mild and recent cases in which the scrotum is but slightly hypertrophied and elongated. In older cases in which these conditions are present, the occlusion of the veins, while it abolishes the varix, does not entirely remove the trouble. The scrotum has become too large and pendulous to again become condensed and contracted, and its loose, flabby condition causes almost as much inconvenience as ever. The severance or excision of the veins in this operation is entirely superfluous. When ligated for four or five days, the ligature cuts through the inner coats of the veins and complete union takes place, so that after the blood which they contain is reabsorbed, they wither up into small, flat, bloodless cords.

For these relaxed, flabby and pendulous scroti, the operation of Sir Astley Cooper, as modified and improved upon by Dr. M. H. Henry,* gives more satisfactory results. Sir Astley's operation is described as follows:‡ "The patient being placed in the recumbent posture, the relaxed scrotum is drawn between the fingers, the testis is to be raised to the ring by an assistant, and then the portion of the scrotum is to be removed by the knife." Any artery requiring it was to be tied, hemorrhage checked, and the lower flap of the scrotum brought upwards and forwards, and attached by sutures to the fore and upper part.

In 1871 Dr. Henry, in the article already referred to, revived this operation in a modified form, and gave the results of three successful operations. His article, originally published in a medical periodical and revised and republished as a monograph in 1881, giving his more extended experience, caused this method of operating to become the recognized and popular one. The operation consists essentially in removing a portion of the redundant scrotum from the lower part, shortening it, and thus making a natural suspensory of the sac itself. He devised two instruments, a scrotal clamp, and a cartilage scissors for this purpose. The patient having been prepared for the operation, the portion of the scrotum to be removed is drawn through the clamp, which is screwed down upon it sufficiently tight to arrest hæmorrhage; it is then excised by the cartilage scissors, and the two flaps secured together with silver pins and figure of 8 loops of silk or silver wire. For a full description of the operation I must refer the reader to Dr. Henry's monograph. In performing it, I have found it very necessary as well as desirable to insert a wire or silk suture between each pin, and one near each angle of the wound. Considerable hæmorrhage usually follows the removal of the clamp, which is not done until the pins are inserted, but there is seldom much swelling, and the union takes place, sometimes, by first intention, and the patient is able to be up in from 8 to 14 days. I have found Dr. Henry's "cartilage scissors" an excellent instrument, not only for this, but also for circumcision, *i. e.* for the method of operating which I use. His scrotal clamp is, to use a slang phrase, "the boss" for this latter operation, but I have found it rather clumsy and inconvenient for scrotal excision. I have had a modification of it made, by dispensing with the handle part altogether, shortening the blades a little, making both ends alike and capable of tightening by the thumb-screw. Instead of a rasping or corrugated face on the inside of the jaws, (designed to prevent slipping of the scrotum—of which there is not the slightest danger,) I have them beveled from the outer, or curved edge, inwards, so that the outer edge presents a blunt edge to the scrotum. This enables me to dispense with the cutting instrument and consequently with the pins and ligatures. The clamp is tightened up on the scrotum where it is intended to remove it, and left there; it is tightened every day until it cuts through, and the excised part is sloughed off, by which time complete union has taken place. I would not, however, recommend this method of operating to others with no experience in performing it; but in my own practice, I prefer it to the other method, as private patients have a great dread and horror of any kind of cutting operation. Union generally takes place by the third day; but as a matter of precaution I do not remove the clamp until the fifth or sixth day, clipping off the redundant portion of the scrotum which still adheres by a parchment-like strip of tissue with the scissors.

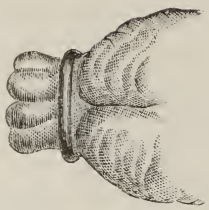
Dr. Henry's operation, if I may call it his, is best adapted to those old chronic cases, with elongated scroti, in which ligation does not afford the desired relief. The results are always better if the veins are ligated first, and the redundant scrotum excised about three months afterward. To say that ligation should never be performed, or that atrophy of the testicle is very liable to result from it is all nonsense I have ligated the spermatic veins over 300 times, and never saw the operation produce any bad result, unless I had incautiously included the artery or spermatic vessel. Excision is not advisable at all in mild and recent cases. If any operation is performed it should be ligation.

I now come to speak of an instrument which I have devised for the treatment of varicocele, which obviates the necessity of any kind of operation, and renders the old time suspensory-bandage nuisance a useless appendage. It is so simple that any physisician, whether possessed of surgical skill or not, can apply it; and it always gives the patient unfeigned satisfaction, because it brings immediate relief without an operation, and he is better satisfied to pay ten dollars for this instrument, than one hundred for having an operation performed. Of the

* Published by G. H. Vail & Co., New York.

‡ Guy's Hosp. Rep., Vol. III. Also Cooper on the Testis, London, 1841.

figures were reversed, I believe he would still prefer the varix clamp.



This instrument and the method of applying it are represented in the accompanying cut. It is manufactured by Tieman & Co., of New York, and is made of a soft flexible metal, so that after being applied the two bars can, if necessary, be pressed a little closer together. It is heavily plated, so as not to corrode. The method of applying it is simplicity simplified. The clasp, being closed, is slipped upon the scrotum sufficiently high up to support the testicles in their proper position. It will generally be retained there without any trouble, but if inclined to slip off, the bar may be pressed a little closer together. It is generally worn during the day and removed at night. A person becomes accustomed to it as he does to a bandage, false tooth, truss, or other artificial appendage. Its philosophy is exactly the same as that of excision of the scrotum: in other words, it forms a natural suspensory of the scrotum itself. It is a simple contrivance—and the simpler such contrivances are the better—but effectual, and applicable to all cases, the mild as well as the old and chronic. Very few cases will be met with in which it will not answer every purpose of excision of the scrotum, as practiced by Dr. Henry and others. I have recommended this instrument in a great many cases, on some of which I had previously operated by ligation, and it invariably gives satisfaction to the patient, and after all that is what we are "sitting around here for." Recently I have improved the construction of the instrument, and the last dozen that I ordered from Messrs. Geo. Tieman & Co., made after my instruction, are simply perfection.

Notes on Cholera.

BY E. HALSEY WOOD, M. D., HERSEY, MICH.

The rise, progress, and history of cholera epidemics seem to be of slight interest to any but those among whom the disease is raging, that is if one may judge from the little attention bestowed upon the subject. Yet there is a remnant to whom all connected with the disease is of peculiar concern. I refer to the claimants for the Bréant Cholera Prize, in the custody of the Paris Academy of Science. Of these I know of but three: J. Collis Brown, of London, claimed it for chlorodyne; Dr. John Chapman, of Paris, editor of The Westminster Review, hopes to win with ice; and myself, who claim the prize on the basis of gangliasthenia, and the virtues of the bromide of ammonium.

Last summer I began an article for this journal entitled "The Cholera: Damietta and its Lessons," and ended with that, concluding to await the investigations of the French and German Cholera Commissions. Pasteur, the head of the French commission, after a laborious and thorough search for the cause of cholera, gives as his conclusion that no single cause is adequate to produce the disease; that there is no microbe or germ that acts as such cause, and that the *raison d'etre* of cholera is past finding out.

Not so Geheimer Rath Koch. He went to India after discovering a bacillus in Egypt, and found the same microbe there, and this he asseverates is the essential cause of the disease. In consequence of this alleged discovery he became the "hero of the hour" in Berlin, and was recognized by those who believed in him and his doctrines, as an expert in all that relates to cholera—except the treatment.

Then came the outbreak at Toulon, and enters upon the scene *the* Koch aforesaid. "Bring me a dead marine," he cries, "and I will soon settle this question." No one in all France is competent for the task, and the imported expert declares the French bacillus not to be French at all, but Asiatic. And afterwards follow these utterances:

"Koch says that phenic acid is the best disinfectant."

The man is an ass.

"Koch says that there is no specific."

There he lies like a knave.

"Koch says that the home of the cholera is India."

Ah! ha! he is a mugwump. It is as though one were to say that St. Louis is the home of insolation.

Meanwhile, in Marseilles and Toulon

They are killing men and women
For lack of human akill.

That is, they are letting them die; which amounts to the same thing. And this, too, in spite of the efforts which I have made to promulgate my views, and thereby disseminate correct ideas of the disease and its remedy. These views have been chiefly given through the pages of the medical journal which was the predecessor of this, and obtained wide

circulation. Of course they have not been accepted because, as an eminent physician once remarked to me, "you are twenty-five years ahead of your time." Even now grave men are seriously disputing the evidences of their senses, and arguing that gangliasthenia does not exist as a primary condition. The venerable idiots have their rights, and one is to dispute innovations and to send on its rounds during every epidemic a "sure cure" for cholera. But they have been very chary during the two seasons passed and passing. It is beginning to dawn upon them that the old views are passing away with themselves, and that their doctrines are getting old-timed and must be consigned to limbo along with the bacilli.

Microbes in the water! Oh, yes! Millions of them, and always have been. The historic Brahmin refused to drink it because by so doing he destroyed life, and himself perished. Microbes in the bowels too, in myriads, but no cholera. The microbes prove nothing unless they have the Asiatic features. Perhaps Koch can perceive the impress made by the Almighty upon spermatozoa, and can distinguish that of the African from that of any other race. Perhaps!

The swallows have disappeared. If the birds of the air find the atmosphere unwholesome and migrate to a cooler region, we have yet to learn that they have flown away panic-stricken by fear of the microbes. The heat is intense, the air damp and stifling. The birds have gone because they could not endure the suffocating, furnace-like atmosphere. This and nothing more.

These are the puerile observations of science. The microbes, the birds, and the weather, and there, as usual, it lies right under their noses, but no one can see it.

On July 14th I wrote the Secretary of State: "Sir:—The Academy of Sciences, in Paris, have known of a specific remedy for cholera since 1876. * * * The basis of my claim is this: Cholera is acute general veno-motor gangliasthenia. The remedy (specific) for gangliasthenia is the bromide of ammonium. Corollary: The bromide of ammonium is a specific for cholera. Please to cable this fact to the American consuls, at Marseilles and Toulon, and urge them to advise the use of the remedy, etc."

Note the use of the term corollary; it gives the force of exactness to the phraseology of an otherwise inexact science.

I surmise that the underling who got hold of that letter remarked: "Here is another crank writing to the State Department," and having read it to a circle of admiring auditors who all laughed, filed it in the appropriate hole.

Note also the weather. Since June 30th it has been intensely hot. The dispatches in this regard are but repetitions from day to day. How they coincide with those from Memphis in the days of yellow fever, or from the cities during the prevalence of thermic fever. The nature and degree of this heat are the determining factors of the environment. And yet, if these mugwumps are not headed off, they will endeavor to convince the world that there is a *bacillus insolationis*, which, if it was believed in, the first case of sun-stroke in any place would create as great a panic as the first case of cholera does.

Now there need to be no fear of cholera, for when the virtues of the bromide of ammonium become known, there will be no more cholera. For a knowledge of these virtues I must refer my readers to previous articles. Of course the proper place to refer to is in the U. S. Dispensatory, but the editors of the last edition have with appalling stupidity omitted all mention of the medical properties of this remedy.

There is but one disease, and but one remedy, and I do not intend to go to Egypt, or France, or India to prove it. I have done my duty in pointing out the condition and by inventing a term by which to convey an intelligible idea of the disease, as well as by indicating the only remedy. It is the privilege of the profession to take it or depend each upon his own method. One might appeal to somebody's Philanthrophy, if there was any in all the medical men in the world, but there is none that ever I have encountered, except in name.

If ever that blatant, bloviant, trumpet-mouthed, dame, yclept Fame, does come in this direction, she need not call on me unless she first deposes Koch from the high niche to which she has elevated him, and brings along and lays at my feet the Bréant prize.

A Peculiar Nervous Affection.

BY DR. J. A. AVERILL, M. D., BRAINERD, MINN.

I recently came across an article in a newspaper, which described very graphically, the actions and contortions of the "jumpers" of Maine. The existence of the disease, for such it evidently is, which attacks these people, is probably not sufficiently familiar to the great body of the medical profession to warrant the classification of the affection in our nosological lists. Perhaps a resumé of the newspaper account, for the correctness of the main features of which I can vouch, may prove of sufficient interest to warrant its publication in the columns of the AGE. "Jumping" seems to be an epidemic, confined mainly to the northwoods of Maine, and to persons of French descent, and is psycho-contagious, that is, can be communicated in the same manner as chorea and hysteria. Several ingenious theories have been suggested to account for it. It has been noticed that some, if not all, of the jumpers are exceedingly ticklish, and are easily irritated by touching them in sensitive parts of the body. It is said that the lumbermen, in the absence of other means of amusement, are in the habit of making sport of such of their companions as they may have discovered to be afflicted with this infirmity, tickling them and startling them, and enjoying the uncontrollable movements which they excite in the victims of their cruel sport. This practice is said to have continued for a great many years, and it has been noticed that the off-spring of these ticklish

subjects, inherit the infirmity of their parents who have been thus harrassed, in an exaggerated degree. The late Dr. Beard, the eminent neurologist, made special observations on these people. He found five "jumpers"—father, two sons, and two grandchildren—in one family. In another family there were two boys, both "jumpers," and in four families he found a total of fourteen cases. By careful examination into the history of these families, he was enabled to trace the malady back, at least a half a century. The victims of the disease are exceedingly impressionable and imitative, apparently becoming completely subdued to the will of the person who may seek to influence them.

The above brief resumé of the article referred to, prepares the way for the following report of a case which has recently come under my observation: Joseph Nedo, a native of Canada, having been born near Quebec, twenty-six years ago; found that he would imitate my every movement which he might chance to see, unless such movements were made exceedingly slowly, so slowly, indeed, as to enable him to readily follow them with his eye, and to primarily comprehend their object. When I spoke quickly and aloud in his presence, he would instantly, and almost in concert, repeat my words, whether referring to himself or anything in which he was not interested. On pursing my lips, as in the act of kissing or whistling, accompanying the same with the noise of the act, and even before the act was completed, he would imitate the movements. His infirmity is well known in the community in which he resides, and many mischievous ones take particular delight in teasing him, with a view to causing a demonstration of his peculiarities. Having got him sufficiently angered he will endeavor to chastise his tormentors. In this, however, he never succeeds because of his lack of power to properly co-ordinate his movements. On approaching the person whom he would chastise, the latter makes some particular movement of the hand, or of the body, and he is at once compelled to copy it, and is thus diverted from his purpose. He is a river- or log-driver, and occasionally, on being suddenly spoken to, he jumps so violently as to precipitate himself into the stream. He tells me that he has been afflicted with these peculiarities as long as he can remember, and that he has a sister and two cousins in whom the affection exists in even a more exaggerated degree than in himself. He has been treated without effect by several physicians, but, as he says, "All that they do is to make me sleep.

This affection is truly a peculiar one, and should receive the attention of our neurologists.

A Bullet in the Brain For Four Weeks.

BY JNO. BOICE, M. D., SURGEON TO ST. MARY'S HOSPITAL, DETROIT, MICHIGAN.

On May 5th I was called to attend Berdina Van Leen, a little girl four-and-a-half years of age, who had, while playing with a 22-calibre rifle, shot herself in the forehead, the bullet having penetrated the skull about three-quarters of an inch above the middle of the right eyebrow. The accident happened about six hours before I saw her.

A physician living in the neighborhood, who was at once called in, had passed a probe five and a half inches backward and slightly downward, through the brain substance, to where he felt the bullet. There had been profuse hæmorrhage, and about a dessert-spoonful of brain substance oozed out of the wound.

I found the patient in a comatose condition, and believing she would not live through the night, did not disturb the dressings, which were of carbolized gauze and properly applied. Next morning, very much to my surprise, I found the girl alive. Her temperature and pulse were normal, respiration easy, eyelids closed, pupils about normal, and left leg partially paralyzed. I removed the dressings, which had become hard and uncomfortable from being saturated with blood, and applied a dressing of sublimated gauze and jute. I made no examination of the wound aside from what was necessary to satisfy myself that the bullet had gone through the frontal bone and lodged in the brain, and that no loose spicula of bone remained. She would occasionally reply to a question asked by her mother, but would pay no attention to any one else. There was no apparent change from this condition until the 21st, when I found the temperature 101 1-5°, and the pulse 120; her left arm and leg were completely paralyzed. On opening the dressings I found considerable pus. I had changed the dressings every third day but up to this time (fifteen days after the accident), had failed to find any signs of suppuration. I proposed an operation to the parents, intending to trephine through the parietal bone behind the ear, and try to find the bullet, which I had reason to believe would be found in that locality, and in that way establish free drainage, but they would not consent, saying they would much prefer to see their baby dead, than see her live deformed in either body or mind. Failing to get an operation I placed her as much as possible on her face, so as to get the best drainage I could under the circumstances. Although the dressings were carefully changed, and medication properly attended to, the temperature steadily rose, until on the 25th it was 106 3-5°, and the pulse uncountable. On removing the dressings I found the pus had burrowed under the integument of the right temple, forming quite an abscess, which I evacuated by opening at its most dependent point. The next morning (26th) the temperature had gone down to 105°, and the pulse to 160. The following day (27th) the temperature was 103° and afterwards only varied one half degree either way until her death, which took place on the morning of June 2nd, exactly four weeks from the day she was shot. I was unable to obtain a post mortem examination. After having read the article by Drs. Fenger and Lee, in the July No. of the American Journal of the Medical Sciences, on the "Opening and Drainage of Abscess Cavities in the Brain," I believe that had I been allowed to operate as I intended, my patient would have had a better chance for recovery, although at the time I did not consider myself justified in urging it against the wishes of the parents.

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The Greely Expedition and Anthropophagy.

The story of the sufferings of the members of the Greely Arctic expedition is now known to the world, and shows a depth of privation that is astounding even to those familiar with expeditions to the frozen zone. The tale of woes is, it is hoped, ended with the seemingly undeniable proof that the survivors were compelled to sustain life by feeding on the remains of their unfortunate comrades, who could not resist the combined foes of extreme cold and hunger.

The Medical Record has had a private interview Lieutenant Greely, and publishes some interesting observations on the length of time an inhabitant of the temperate zone can live in the Arctic regions. Lieutenant Greely ascertained that such people can live in the land of winter for a number of years if they be in good physical condition, but found that there was a marked limit to their powers of endurance. For a long time the system seems able to withstand the rigors of the climate, but a decided decrease in nervous and muscular energy, and in the calorigenous process, is noticed at the end of the first year. The second winter was found harder than the first, the favorable point being that the experience of the previous winter enabled them to better husband their resources. The third winter was still harder to bear; there was a loss of muscular tone, less vital reaction, and rheumatisms were frequent. Lieutenant Greely doubted if his men could have lived five years in the climate, even with the best that could be provided in the way of food and shelter. He thinks they would, however, have been alive to day had the supply of food been maintained. The party found that the breathing of such cold air quickened the heart's action, and the respiratory, assimilative and digestive processes. It seemed to have something of the effect of breathing pure oxygen. No such thing as pulmonary troubles were known; nor were any of the party even bothered with catarrh.

So much for Lieutenant Greely's observations. They speak for themselves, and it is easy for the intelligent reader to draw his own deductions.

The point that chiefly interests the public—professional and lay—is that of cannibalism; was or was it not resorted to, and if so, was it excusable on the part of the survivors? There can be little doubt in the mind of anyone who has followed the daily newspaper reports of the details relating to this part of the affair, that the flesh of the dead was, towards the last, the sole sustenance of the few who lived to return to their homes. The ravings of the half-crazed men when first rescued, the partial stories of sailors of the relief ships, and the revelations made at the post mortem examination of Lieutenant Kislingbury and others, would establish the fact in the mind of anyone. A conclusive point was the finding of epidermis in the stomachs of some of the dead. While a mistake might be made, and easily, in attempting to decide whether a specimen of muscular tissue was or was not human, it would not be so difficult to tell that a piece of skin belonged to a man. There can then be no doubt that some of the rescued members of the Greely expedition practiced anthropophagy.

Were they justified in so doing? It is very easy for a man who sits in his parlor after a hearty dinner, smoking a soothing cigar or pipe, to shudder when the question is asked, and say under no circumstances would a human being be justified in feeding on the flesh of one of his kind. But the

question would present itself in another aspect to the man who had spent nearly three years in a dreary and desolate land of ice and snow; who had been for months without the food proper to sustain the vital energies so heavily drawn upon; who was feeling the pangs of slow starvation and saw a miserable death staring him in the face; who felt life was dear in what the future might hold if he should be rescued. To such a man, desperate and with blunted intellect, the matter of keeping alive by eating the flesh of the dead companions, who are not injured by the act, does not, can not seem so horrible. Let any man imagine himself in such straits as were these few survivors of the expediton, and say that he, under similar circumstance, would not have taken the same means of fighting death that these men did.

The natural rebellion of the feelings against the suggestion of anthropophagy, is calculated to drive a scientific estimate of the nutritive value of human flesh quite out of the question, in any consideration of the subject which the horrors of the Greely expedition may incite. And yet, the unspeakable sufferings of the party and the straits to which they were driven, but tend to force the scientific features of the case, diverted of all sentimentality, upon the attention of the medical profession particularly. What has occurred may occur again, and it may be necessary for men to eat the dead of their kind again to preserve themselves from a miserable death. In such a case it would be unfortunate, to say the least, should false notions of the food property of such flesh deter them from resorting to it in the hour of their dire extremity. It is popularly supposed, and the belief is perhaps not confined to the laity, that human flesh is inherently poisonous in its nature. The experience of the Greely party, however, sustains the only conclusions deducible from physiological investigations of this matter, viz.: that this popular belief is erroneous. The secretions of the human animal are not so essentially different in their nature from those of inferior animals, as to preclude experiments on the latter from being made the basis of even therapeutical deductions in the case of man. The milk of the woman differs only from that of the cow in the matter of a constituent which adapts it more fully to the digestive capacity of the child, and there is no sufficient reason for the assumption that human flesh differs any more in its properties from that of inferior animals, than that its secretions are essentially different. It is nitrogenous food of the most perfect order, and, probably, could it be obtained under as favorable conditions as obtains in the case of the flesh which is sold in the shambles, its taste would in no respect be different from that of the latter. It is unfortunate that men should, either through their own voluntary foolhardy undertakings, or through the vicissitudes of legitimate enterprise, be reduced to a condition of starvation, but this condition having been reached the question of eating the flesh of their kind becomes an ethical and not a scientific one.

The Milk Supply of Detroit and Diphtheria ?—The sewer system has been carefully examined and finally pronounced sound by the health authorities of this city, but diphtheria still prevails. We are not prepared to charge that the prevalence of diphtheria in Detroit is due to infected milk brought into the city from the country, but we would like to see a study made of the relation of diphtheria to milk supply in Detroit. It is said that the first epidemic of the disease in Michigan appeared in the town of Greenfield, less than ten miles from Detroit, more than twenty five years ago, and that it has been more or less constantly present in that locality ever since. A large part of the milk used in the city comes from the neighborhood where diphtheria was very fatal years ago. It is possible that careful examining of families who have suffered from diphtheria, would show that they have used milk taken from suburban localities where the disease has prevailed. We would suggest that an inquiry of this character be instituted by our board of health. That body has a record of every family in Detroit where the disease has been during the last three years. It would be an easy matter to find where the milk used in the family before the outbreak of diphtheria was obtained. We venture to predict, on the basis of isolated examples that have come under our observation, that in many instances the families had used milk exposed to danger of contamination with diphtheritic poison. The intelligent class of farmers who ship milk to the city know better than to expose for sale milk produced on their premises at a time when the persons handling the milk are infected with diphtheria and scarlatina, but there are large numbers of suburban dairymen who stall-feed their cows with brewery slops and all manner of cheap food, wholly unfit for elaboration into milk, and who are ignorant of the dangers that may lurk in their wares. There are sufficient facts bearing on the case to warrant a thorough investigation by the local health authorities.

Why not have some legal supervision of dairies? No sound practitioner of medicine will dispute that milk may often be infected so as to become the source of dangerous epidemics. Almost all of the larger cities provide abundant evidence of disease caused by drinking milk obtained from cows fed on unwholesome food. The so-called dairies and groceries where milk is sold directly to the consumer, are often filthy with decaying animal and vegetable matter, and wholly unfit as a depot for storing, for the briefest time, a fluid which absorbs and moistens low forms of animal and vegetable organisms as rapidly as milk does. The thousands of people who are compelled to buy milk are certainly entitled to some guaranty that the milk that they use is wholesome, and has not been exposed for several hours in an atmosphere infected with germs of diphtheria, scarlatina, or typhoid fever. There should be some legal steps taken to insure sanitary inspection of the milk supply of the cities and larger towns.

In connection with the above the following synopsis, by the Sanitarian, of a paper by Dr. Dougall, of Glasgow, detailing experiments conducted with a view to discovering the absorptive power of milk on various volatile substances, will be of interest:

Dr. Dougall inclosed in a jar a portion of certain substances giving off emanations, together with a uniform quantity of milk, for a period of eight hours. At the end of that time a sample of milk was drawn by means of a pipette from the lowest stratum of the vessel exposed in the jar; and we find that the following were the results of his experiments:

	Smell in milk.
1. Coal gas	distinct.
2. Paraffine oil	strong.
3. Turpentine	very strong.
4. Onions	very strong.
5. Tobacco smoke	very strong.
6. Ammonia	moderate.
7. Musk	faint.
8. Asafetida	distinct.
9. Stale urine	faint.
10. Creosote	strong.
11. Cheese (stale)	distinct.
12. Chloroform	moderate.
13. Putrid fish	very bad.
14. Camphor	moderate.
15. Decayed cabbage	distinct.

It thus became obvious that the milk had absorbed the emanations of all the substances to which it had been exposed, and it further transpired that all the specimens examined retained their distinctive odors for as long as fourteen hours after their removal from the glass jar in which they had been exposed.

Cream, according to Dr. Dougall, may be regarded as acting in much the same manner as milk; indeed, although it contains less water than milk, yet it has special qualities of its own, which may perhaps make it even more liable to retain offensive and dangerous emanations than the parent fluid itself. Abundant evidence has, however, been given to show that far more care is needed in connection with the storage of milk than has heretofore been regarded as necessary, and this especially where milk or cream is kept in apartments or wards occupied by sick persons. If the emanations to which the milk is exposed are of a diseased and dangerous quality, it is all but impossible that the sample can remain free from offensive and dangerous properties; and it should become an invariable rule to keep as little milk as possible in sick-rooms, and never to allow a supply which has been thus exposed to unwholesome emanations to be used for food.

Under these circumstances it has been lately held desirable to boil all milk which is open to suspicion before using it. In the course of several epidemics in which milk has acted as the vehicle of infection, it has been noticed that persons who had only consumed it after it had been boiled escaped all ill results, whereas other members of the same family or community, who had not taken that precaution, had been attacked with disease.

Obituary—Dr. Charles Rynd.—Dr. Rynd died suddenly, at his home, in Adrian, Michigan, August 20, 1884. He had been in usual good health up to the hour of his death, said to have been caused by heart disease. Dr. Rynd was born in Ireland, in 1835, and emigrated to Canada while yet a child. There he began the study of medicine, and came to the United States to enter the medical school, at Ann Arbor. He graduated from the medical department of the university of Michigan in 1861, and immediately located in the city of Adrian, where he soon established a successful practice, which he continued until his death. Dr. Rynd held several positions of responsibility and trust. He was, at the time of his death, chairman of the local board of pension examiners. But he was best known to the profession of Michigan as a former regent of the university. While the incumbent of that important office, Dr. Rynd witnessed the establishment of homœopathy in the university; and in all the struggles over that matter he was a prominent figure. He was a member of the State Medical Society until 1876, when he resigned on account of a controversy in the society over the homœopathic question. His letter announcing his resignation will be remembered for its terse and vigorous English, and the bitterness with which it charged the society with bigotry and intolerance. He took a prominent part in the Rose-Douglas trial, and, no, doubt saved the university from further losses by peculation and mismanagement in the chemical laboratory. As chairman of the regents' committee on the medcal department, he was brought into intimate relations with the medical faculty. After the death of Prof. Cheever he was tendered, and refused the professorship of materia medica. He did much to increase the efficiency of the university faculty. When Prof. Cooley was appointed to lecture in the Johns Hopkins institution, at Baltimore, he opposed his having permission to accept the appointment while connected with the university, on the grounds that the university was entitled to all of Prof. Cooley's time as a teacher. Other professors were obliged to relinquish apointments in rival institutions. His doctrine was that professors employed in the university should have no leisure to teach elsewhere. Dr. Rynd favored the appointment of Donald Maclean to the chair of surgery, and was a valiant defender of that gentleman in his contests against homœopathy. In ethics he was a liberal. He assisted his weaker professional friends with a temerity that astounded men stronger than himself. No man was professionally too mean or too degraded to receive a helping hand from Chas. Rynd, in time of need. His fidelity to his patients and to his fellow practitioners, made him beloved and respected by physicians of all schools. He possessed the gift of oratory, which he cultivated to a degree which made him one of the most pleasing speakers in the State. In politics he was a republican, and at the national convention, in 1876, his fervid eloquence added greatly to the dignity and influence of the

Michigan delegation. He was opposed to the teaching of professional education at the expense of State, and desired to bring questions of education at public expense more prominently into state politics. He opposed the teaching of the classics in the Adrian high school on the ground that it was taxing many for the benefit of a few. Since the demise of Dr. Zina Pitcher, no man has wielded so much influence in public and professional education in Michigan as Chas. Rynd, M. D. H. C. W.

SHALL THE PHYSICIAN KILL HIS PATIENT?—The Detroit Medical and Library Association, *vide* MED. AGE, Aug. 10th, 1884, has been discussing the question: Resolved—"That it is not always the duty of the practitioner to endeavor to prolong life;" and, in conformity with the popular notion, the doctors did not agree. Some inclined to the opinion that the practitioner should not shorten life, but the society was by no means a unit on this point. One gentleman would make the question hinge on the particular social class to which the patient belonged. He cited the prostitute as an example of a class whom the physician had no right to force to live, when she has made up her mind to die. Again, he said, the inheritance of property must be thought of before we think of shortening our patient's life. Another gentleman thought life was sacred, and the fact of its being sacred was the bond that bound society together. For a physician to break that barrier would be an irreparable breach. Society would be broken asunder. We read that in Marseilles and Toulon, the ignorant natives have mobbed the doctors when making their rounds among the cholera patients, because they believed the doctors were trying to spread the epidemic for the purpose of reducing the population. In France the popular journals frequently contain reports of the transactions of learned and medical societies. It is fortunate that the lay reader in America seldom sees a report of the discussions in a medical meeting, else the intelligent masses might have grounds to fear the purpose of the family doctor. The question might be asked these gentlemen, whose reported words incline them to doubt whether they shall endeavor to shorten their patient's life or let him die without endeavor, what they suppose a sick man employs them for? We believe there is an implied, if not expressed, contract between the physician and his patient, that the former shall try to cure him, and when he can't be cured, the physician should let him alone. And this, too, whether he be saint or sinner, rich or poor. Doctors owe something to the public.

ADVICE REGARDING THE USE OF THE CATHETER.—In the course of a lecture by Sir Henry Thompson, published in the Canada Medical and Surgical Journal, the following excellent points are given touching the use of the catheter: The use of the catheter is in itself, to some extent, an evil—a very slight one if properly conducted, capable of becoming considerable in careless or unwise hands. A catheter is, therefore, only to be used when the evil to be removed by its means may be regarded as more grave than that which is incurred by using the instrument, and such conditions as these are daily presented in practice. Let then, every instrument employed be that which can be most easily passed, and is made of the least irritating material, always, of course, consistently with the efficient attainment of the object in view. The metallic or rigid instrument, as a rule, should only be used when those which are soft and flexible have failed; and for whatever purpose they should not be larger than the needs of each case demand. By such gentle treatment a very considerable improvement in most cases is certainly attainable, and in the course of time the greatly exaggerated antipathy which widely exists to the use of instrumental treatment in the bladder, will gradually but certainly disappear.

I have one more caution to utter in regard to habitual catheterization for those elderly persons whose circumstances have been referred to, which is of great importance:

When the bladder has for a long time been overdistended—the patient's condition having been overlooked for months, or even for years, in consequence, perhaps, of catheterism having been forbidden—it is at this advanced period of the case, a serious matter to resort to. Rashly undertaken, great as is the relief at first experienced, symptoms of fever—"urinary fever," as it is, I think, properly termed—often appear in a few days; when cystitis occurs, catheterism is required more frequently, the urine becomes highly purulent, the power of life feeble, the tongue dry, nourishment is refused, and the patient sinks—usually in about three or four weeks after the employment of the instrument. If a necropsy is made, almost invariably the ureters will be found enlarged on one or both sides; one of the kidneys diminished in bulk and wasted, the other enlarged, inflamed, and perhaps the seat of numerous deposits of pus. It is said that such fatal histories following catheterism for long-continued distension of the bladder have occurred in individuals whose urinary organs, examined after death, are found free from organic disease. Far be it from me to state that such a sequence of events is impossible, but it must be one of great rarity. No example has occurred within the range of my evperience.

When a patient whose vesical functions have been long impaired requires artificial relief, the best chance of saving him is to enjoin at once the recumbent position in a warm and equitable temperature, usually in his bed-room, in order that the skin may act freely, and that no locomotion may be possible. The catheter should be used skillfully and gently, not at first emptying the bladder completely, but always removing the instrument when pain is felt, as it often is before this condition is reached, and it must be applied again as soon as relief is manifestly required. I can scarcely over-estimate the value of

these precautions nor advise too strongly the abstinence from movement and exposure of all kinds for a period of a few weeks in these particular cases. We may thus sometimes succeed in prolonging life, even at a very advanced term, and at the same time avoid the groundless but injurious opposition which is often manifested, as we have seen, to the use of the catheter, the want of which at an early period of the patient's history, not the late recourse to it, has been the real cause of death in almost every one of the fatal cases described.

Points in the Management of Diseases of Children.—*El Dictamen* quotes the following aphorisms by Prof. Ledamenda:

1. Children are like the mob ; they always complain with reason, although they cannot give the reason why they complain.

2. Always look at the lips of a pale and sickly child; if they are of a deep red color, beware of prescribing tonics internally. At the outset you will congratulate yourself; but in the long run you will repent of having employed them.

3. As a general rule, a sad child has an encephalic lesion; a furious child an abdominal one; a soporific child has both, though indistinctly defined.

4. An attendance on children produces in the mind of an observant physician the conviction that the half, at least, of adult transgressors are so through morbid abdominal influences.

5. A sunny living room, a clear skin, and an ounce of castor oil in the cupboard, these are the three great points of infantile hygiene.

6. To dispute the clinical value of tracheotomy in croup is a waste of time to no good purpose. Croup or no croup, if there be a positive obstruction to respiration in the larynx, it is but according to reason to open a way for sublaryngeal respiration. In the days of more knowledge and less nonsense, tracheotomy will be ranked among the minor surgical operations.

7. In dentition it is not the driect or eruptive pressure, but the lateral pressure of all the teeth together, that is most dangerous. It is from this that so many cerebral symptoms appear which can in no way be relieved by incisions in the gums. The only recourse against the dangers of this transverse pressure is to give the child more nourishment, in the hope that, as the general condition is bettered, the local condition will also be improved.

8. If the incisors of the first dentition are serrated, it is bad, but, if those of the second formation are the same, it is worse. It fortells a number of lesions, arising from deficiency of mineral salts in the tissues. There is only one exception, and it is an important one. When the serrated incisors are seen in strong children in whom the fontanelles have closed early, it is a sign of a robust constitution. Instead of a number of small and sharp indentations, there are a few large blunt ones.

9. To regard the eruption of the teeth as the sole factor in the general process known as the first dentition, is to perpetuate a sort of medical synecdoche. Children get their first teeth because they are at the the same time getting a second stomach, and second intestines.

10. The body of a child possesses such a degree of "acoustic transparency," that, in case of necessity or convenience, auscultation may be practiced with the hand, converting it into a telephone, which will reveal as much to the physician as even his ear could do.

11. In practice it is well to distinguish with precision a case in which disease is due to lumbricoids, from one in which lumbricoids are due to the disease; for, in the former case, anthelmintics are of service, but in the latter they do harm.

12. Since, until the child is able to talk clearly, his relations with the physician are purely objective, it is very necessary that we should study as carefully as do the veterinarians, the exact correspondence between the lesions and the expressions of the patient.

13. If you wish to cure rapidly and well, joint-diseases in infants, you must treat them as you would a conflagration,—douches, douches, and more douches, until you hove succeeded in extinguishing them.

14. The entire system of the moral relation between children and adults should be changed. To speak to them incorrectly, merely because they cannot pronounce well; to excite their fears, and to arouse their weird imaginations, simply because they are are easily frightened and impressionable; to stimulate their vanity because they are naturally inclined to be vain,—these and other similar actions are not only wrongs, but absurd.

Prizes in Clinical Medicine.—Detroit Medical College.—At the beginning of the session of 1883-84, of the Detroit Medical College, two prizes were offered by Dr. David Inglis to the students who, at the end of the session, should stand best in a special examination in clinical medicine. The examination questions were as follows:

1. Give a detailed account of the symptoms known as uræmic?

2. What line of treatment would you pursue in,

a. A case of diabetes mellitus due to lesion at the base of the brain?

b. A case of diabetes due to a lesion of the sympathetic nervous system?

c. A case of diabetes due to defect in the chemical changes of the food?

3. Robust sailor, 38 years old; for years troubled with coughing spells; is found sitting upright, clutching some fixed object. Respiration quickened and full and all accessory muscles of respiration brought into play; pulse somewhat quickened; temperature normal; cold sweat; cyanosis marked. Onset of attack is described as being sudden; no dullness on percussion; entire absence of respiratory murmur on right side. Give your diagnosis.

What course do you expect the case to pursue?

Treatment at first call?

Treatment of later developments?

4. Discuss the special features in any case of enlargement of the liver, seen by you.

5. Slender girl, aged seven years, has a slight chill, followed by quick rise in temperature to 103°. In a short time cough sets in, so incessant as to prevent rest. No expectoration; breathing becomes rapid; respiratory murmur continues normal; countenance pale; occasionally slight sweating; moderate pain in left præcordial region; area of heart's impulse increased; distinct murmur with systole; pulse rate 120 to 140. Diagnosis? Modes of termination? Treatment?

Among the whole number of competitors the papers of three were so nearly of equal merit that no decision could be reached, and instead of a first and second prize, three equal prizes, each consisting of a case of obstetric instruments, were given. The successful competitors were: C. S. Park, of Hubbardston; H. L. Seeley, of Mayville; and W. P. Scott, of Detroit.

Soap for Removing Stains.—The following formulæ have the endorsement of the Scientific American, as the two best known for removing stains, from the various causes to which they are due:

Take 22 lb. of the best white soap and reduce to thin shavings. Place in a boiler, together with water, $8\frac{4}{5}$ lb., and ox gall $13\frac{1}{4}$ lb. Cover up and allow to remain at rest all night. In the morning heat up gently, and separate it so that the soap may dissolve without stirring. When the whole is homogeneous and flows smoothly, part of the water having been vaporized, add turpentine 0.55 lb., and best clear benzine, 0.44 lb., and mix well. While in a state of fusion color with green ultramarine and ammonia, pour into moulds and let stand for a few days before using.

The second formula will require considerable skill in soap-boiling for its successful preparation, the tendency being for the soap to come out unevenly on stirring. The introduction of the ox gall, also, requires to be done with care. Take of

Cocoa nut oil	27.5 lb.
Tallow	2.2 "
Soapstone (talc)	4.4 "
Caustic soda, sp. gr. 1.349	15.4 "
Ox gall	6.0 "
Turpentine	0.3 "
Benzine	0.1 "
Brilliant green	0.1 "
Ultramarine green	0.05"

Melt the fat, add the stone and color, cool to 20° C., and then add the solution of soda. When all is well united and mixed, very gradually add the gall, continuing the agitation without stopping for some time after it has been added. Should any separation take place, cover the boiler up for a few seconds, and if this does not help, fire up again and continue stirring. Lastly, add the turpentine and benzine. Pour into moulds and let stand before using. This preparation, when properly applied with a brush, will remove the most refractory stain without injury to the cloth.

Branny Foods as Nutrients.—From the results of a series of experiments conducted by them in the biological laboratory of the University of Pennsylvania, Drs. Randolph and Roussel deduced the following conclusions touching the nutritive value of the different parts of the wheat grain:

1. The carbohydrates of bran are digested by man to but a slight degree.

2. The nutritive salts of the wheat grain are contained chiefly in the bran, and, therefore, when bread is eaten to the exclusion of other foods, the kinds of bread which contain these elements are the more valuable. When, however, as is usually the case, bread is used as an adjunct to other foods which contain the inorganic nutritive elements, a white bread offers, weight for weight, more available food than does one containing bran.

3. That by far the major portion of the gluten of wheat exists in the central four-fifths of the grain, entirely independent of the cells of the fourth bran layer (the so-called "gluten cells"). Further, that the cells last named, even when thoroughly cooked, are little if at all affected by passage through the digestive tract of the healthy adult.

4. That in an ordinary mixed diet, the retention of bran in flour is a false economy, as its presence so quickens peristaltic action as to prevent the complete digestion and absorption, not only of the proteids present in the branny food, but also of other foodstuffs ingested at the same time; and,

5. That inasmuch as in the bran of wheat, as ordinarily roughly removed, there is adherent a noteworthy amount of the true gluten of the endosperm, any process which in the production of wheaten flour should remove simply the three cortical protective layers of the grain, would yield a flour at once cheaper and more nutritious than that ordinarily used.

A Defense of the Sausage.—Dr. R. M. Hodges in a recent article on "Dietetic Delusions, their Deleterious Effects and their Rectification," thus offers a good word for a much-maligned article of diet: "In spite of the somewhat flippant assertion of a justly distinguished medical writer 'that there is a growing incapacity to digest fat which is truly alarming,' I do not hesitate to assert that of all the modes in which minced meat may be presented, the calumniated and much-libeled sausage is, in winter time, one of the most useful and successful articles

for frequent feeding. Lean and fat meats, more digestible together than separately, are discriminately mixed in the compact and appetizing form of this ubiquitous and popular comestible, the sole secret of whose easy digestion is that it should not be eaten except when it has become thoroughly cold after cooking. Bread and butter can be tolerated with complete immunity when hot buttered toast would provoke exasperating dyspepsia; and it is exactly thus that sausage, cold, stands in relation to that which is served hot. Presenting the albuminates and fat in an economical, savory form, easily obtained and made ready for consumption, sausage, in some countries, might almost be said to have become a national food, and it offers to the fastidious or indifferent eater an article of diet from which great benefit may be derived. A trial of this stigmatized edible will be followed by a ready recognition of its alimentary value ....." in the under-fed and over-worked.

Useless Physiological Experiments.—The experiments of Dr. Laborde upon the ablated head of the assassin Campi, and which have formed an interesting item in the associated press dispatches, were evidently intended for making a sensation. An hour and a half elapsed before fresh blood was injected into the arteries. Too long a time. The merest tyro in vivisection knows that the irritability of the nerve centers in warm-blooded animals disappears in much less time. Campi promised to make some sign if the transfusion restored consciousness. It is to be regretted that his case did not fall to the hands of some savant who had sufficient regard for the principles of physiology to make the experiments at a time when there was some prospect of success. The carefully conducted experiments, made by Prof. Hal. C. Wyman, on the body of the murderer Phipps, hung at Sandwich, Ontario, and the report of them read before the Wayne County Medical Society, go to show that there are good grounds for believing that the physiology of the nervous system may yet be advanced by properly conducted experiments soon after death by hanging or decapitation. Dr. Wyman's experiments were made with the object of learning how far respiration and action of the heart could be influenced by stimulation of the deep nerves of the neck.

The Three Days Cure of Gonorrhœa.—Many have been the methods and devices noted for the cure of gonorrhœa. Notwithstanding the ingenuity of man the disease remains a frequent invader of both civilized and savage society. Seldom does the most carefully selected plan of treatment arrest the disease before three or more weeks have elapsed, and yet the literature of medicine teems with articles laudatory of medicines and instruments, which in the writer's hands have done most excellent service in arresting all the painful symptoms. Though it is not strange that the inexperienced practitioner sees his reputation suffer because of vain attempts to cure a gonorrhœa in the brief space of several days, we have often searched to determine the source of the popular opinion among the laity that gonorrhœa could be cured by a good doctor in three days, but it has never been our good fortune to see a genuine case yield in that brief time. Many cases of suspected gonorrhœa, which were merely aggravated gleets, the result of previous gonorrhœa, have terminated after a few doses of balsam and mild astringent injections. These cases may have been mistaken for genuine gonorrhœa, and given rise to the lay notion above mentioned.

Tait's Operation.—At a recent meeting of the Harveian Society, of London, Lawson Tait, in speaking of recent advances in pelvic surgery, alluded to the results of removal of the uterine appendages as very flattering. Immediate stoppage of the menses was the usual result, and hence the great value of the operation in curing intractable menorrhagia. In fifty cases there had been three deaths, one from scarlatina, and two from severe hæmorrhages from myomata. Insanity occasionally developed after the removal of the appendages. Relief from the pains and from the nervous symptoms in ovarian affections of long standing, was usually immediate, but in one instance relief was not complete until after the lapse of eight months.

Mr. Knowsley Thornton just stated the points in which he agreed with Mr. Tait. He believed in the value of Listerism as firmly as ever. He had not had as many cases as Mr. Tait, but he had a "list of thirty cases, and had not lost one patient." "He had found that the great majority were entirely unsexed, and putting aside rare cases of third ovary, he believed that it was purely a question of complete or incomplete removal of ovarian tissue."

Miryachit.—This is the name given in Russia to the peculiar imitation disease, a report of a case of which from the pen of Dr. J. A. Averill, of Brainerd, Minn., appeared in the last number of the Age. This disease is also recognized in Java where, according to the British Medical Journal, it is known as "Lata." The person affected with it is compelled to imitate everything he sees or hears. Our contemporary mentions an amusing case in which an Irish butler who was familiar with the symptoms of the disease took advantage of his knowledge to secure a glass of much-coveted wine: A doctor, dined with a friend with whom he discussed the peculiarities of the disease. The host pushed forward a bottle with the request to "try that, doctor; it's ten years old." The doctor took a stiff glass, and, smacking his lips, pronounced it "tip-top." Suddenly Barney, who had been present during the conversation, seized a glass

and, filling it to the brim, drank it off, smacked his lips and pronounced it "tip-top." "Confound you," shouted the infuriated host, "what do you mean, sir." "Shure, sir," demurely replied Barney, "Oi'm afeard oi'm afflicted wid the latha."

Scarlatina Caused by Exhumation Thirty Years After Burial.—At the recent meeting of the Health Exhibition in London, Sir Spencer Wells, the great ovariotomist, mentioned a very important fact which has a strong bearing on the probable source of epidemics and their annihilation by cremation, a method very strenuously espoused by Sir Spencer. Some persons who had died of scarlatina were buried in a country graveyard. Thirty years afterwards, the graveyard was included in a neighboring garden, and the old graves dug up. Scarlatina forthwith broke out in the rectory and parish; and no other probable source having been discovered, it is difficult to avoid the inference that the graves of scarlatinal infection can retain their vitality a third of a century.

A New Source of Bacteria.—Dr. Reinsch, of Frankfort-on-the-Main, has been studying the dark incrustations found in the indentations of small coins that have been a long time in circulation. Chipping off some of the incrustation and dissolving it in distilled water, and then examining with high power microscope, vast numbers of bacteria and fungi were found to compose the incrusted masses of organic matter. It is generally believed that bacteria form the chief agency in the propagation of epidemic diseases. To guard against infection from this generally prevalent source, all coins that have been in circulation for a number of years, should be boiled in a solution of caustic potash, and freed from the unwelcome guests which they harbor.

Resection of the Pancreas and Pylorus.—Dr. Von Hacker presented a woman before the society of physicians of Vienna who had been operated on by Prof. Billroth one month previously for carcinomatous disease of the pylorus, involving the mesentery, intestine and pancreas. The adhesions were torn and cut loose, and the affected portions of the pancreas was resected. Why should a surgeon who refuses to amputate a breast when attacked with carcinoma, make such formidable operations on the contents of the abdomen when attacked with the same disease?

Ununited Fracture of Tibia.—In the Centralblatt für Chirurgie, Dr. Hahn describes a case of ununited fracture of the tibia. After the usual surgical measures had been employed, the still ununited bones were 3 inches apart. In the original injury the fibula had been fractured in such a way that it became an easy matter for the surgeon to implant the broken end of the fibula in the medullary cavity of the upper fragment of the tibia. Good union between tibia and fibula followed this osteoplastic operation, producing a useful leg.

Gastrostomy.—The Lancet says that Mr. Charles McNamar made the preliminary operation, seven days before the stomach was opened, for the purpose of nourishing a woman 61 years old, who suffered from obstruction of the stomach. Three months later she had recovered perfectly from the operation and could swallow fluids. The rarity of this operation in American surgery, and its frequency in foreign surgery, leads us to surmise that the American operator is not giving the same skill to the discrimination of œsophageal strictures that is given by his brother across the water.

Citric Acid as an Antiseptic.—The Popular Science News says that Dr. Schulte, in France, has shown that citric acid, in strength of one part of the acid in one thousand of water, placed in a liquid containing bacteria and other organisms, instantly causes their death. Fresh meat after being kept for fifteen days in a five-per-cent. solution was found perfectly sweet and fresh. Salts of citric acid do not have the same quality.

Dr. J. J. Woodward, Surgeon U. S. A., and ex-President of the American Medical Association died near Philadelphia on the 17th ultimo. Dr. Woodward was born in Philadelphia on October 30, 1833; was graduated with the degree of Bachelor of Arts in 1850; took his degree of Doctor of Medicine from the University of Pennsylvania in 1853; entered the army as assistant surgeon in 1861; became captain and assistant surgeon in 1866; major and surgeon in 1876; and afterwards received the brevets of Captain, Major and Lieutenant-Colonel U. S. A. "for faithful and meritorious services during the war." Dr. Woodward was a man of much ability and of untiring energy. While he won great triumphs in the field of microscopial investigation and pathological histology, and in his happy application of photomicrography to the purposes of science, the most enduring monument which he erected to his memory is the "Medical and Surgical History of the War of the Rebellion," the most complete work of its kind ever written. Dr. Woodward was one of the surgeons in attendance on the late President Garfield during his last illness, and the effects of the confinement, anxiety and labor incident to that trying ordeal, superadded to the mind and body already overstrained by excessive application, precipitated the illness which terminated fatally. His mind having

finally given way he was confined in a private asylum, and during a brief interruption in the watchfulness of his attendant he precipitated himself from a balcony, sustaining fatal injuries.

The manager of a series of dime museums has been making arrangements to exhibit a number of the survivors of the Greely expedition, and have a lecturer tell the story of their hardships. Presumably the necessity of cannibalism will be dwelt upon at great length in the secular newspaper advertisements and accounts, in order to better draw crowds. The taste of the men who thus place themselves on exhibition, and of the masses who will undoubtedly visit them, is questionable from a high ethical standpoint. But the majority of mankind are not disposed to put too fine a point on matters of this nature. The manager is figuring from the purely financial standpoint, the survivors from something of the same nature and that irrepressible desire for fame or notoriety of some kind, while the public, with a large share of that much decried but nevertheless always existing morbid desire for the horrible, will flock to the show, and rain down a shower of silver dimes.

Bismarck's physician, Dr. Schweininger, who was made a professor, has now been given an order of nobility. A German professor humorously tells the following: "A servant in Munich was showing the sights to a country visitor. The latter wanted to know all about the figures and statues on the university building. Rather than confess ignorance, his city friend gave the names of distinguished contemporaries to the various gods, goddesses and other immortals in stone. 'And that figure,' he said, finally, pointing to a very classically dressed statue on the facade of the left wing, 'is Dr. Schweininger.' 'Aha,' said the admiring visitor, 'but where then is his coat?' 'Oh,' replied his friend, 'since he cured Prince Bismarck, the people have sent for him from all over the country, and he has had to travel so hard that he has worn off his clothes!'"

A homœopathic practitioner in this city is authority for the statement, that one teaspoonful of table salt and one tablespoonful of pure cider vinegar—it must be pure—mixed in a coffee cup filled with water as hot as the patient can swallow, and taken every fifteen minutes, is a certain cure for cholera. This is very important if true, and the fact that the prescription is in the most diametrical opposition to the Hahnemannian dogma, of which the physician referred to is one of the most uncompromising votaries, should not prevent the patient from trying it pending the arrival of his medical attendant.

Dr. J. Collis Browne, ex-surgeon in the British army, but better known as the discoverer of chlorodyne, is reported. Although his claim for the compound that it was a specific in cholera, was soon discovered to be baseless, experience has demonstrated it to be of great value in non-inflammatory diarrhœa of non-specific origin. The secrecy in which he kept the formula prevented, to a considerable extent, the use of the nostrum, but through the introduction of non-secret substitutes the essential features have been utilized by ethical practitioners. Dr. Brownde died rich, his wealth being chiefly derived through the sale of chlorodyne.

The Atlanta Medical and Surgical Journal can discover no harm in supplementing the claims of its advertising pages by editorial endorsements. Accordingly it informs its readers, editorially, that "—— make as fine photographs as can be made anywhere;" that "—— has one of the best stocks of clothing to be found anywhere, and at prices to suit the times;" that "Atlanta made watches, with ——'s patented improvements, have already achieved a widespread celebrity," and so on *ad infinitum et ad nauseam*. Well, *chacun a son gout*. We do not think, however, that this style will ultimately prevail among the better class of medical journals.

Cholera seems still to be spreading. Its ravages in Italy have been continuing for several weeks, and it has now passed the Pyrenees and is numbering its victims in Madrid. There seems to be good reason for believing that Koch's prophecy that the present epidemic will spread over all Europe, will be fulfilled. Already over 5,000 persons have died of it, and the number is being added to, according to telegraphic reports, at the rate of a hundred a day. There is certainly no excuse for a suspension of vigilance, which is the price of health, in this country.

Dr. Oliver Wendell Holmes, the poet-physician, who has done infinitely more with his pen than with his potions to ease the load of human suffering, and to scatter the sweetness and light without which health can scarcely exist, received on the 29th ult. from hosts of admirers and friends, both in this country and in Europe, congratulations on the attainment of his 75th birthday. May the day be at least a quarter of a century hence when the "autocrat" shall cease to be with us in person. It will be many centuries before his influence will have ceased to be felt.

The Medical News reports the case of a Philadelphia physician, whom a soiled dove in that city of brotherly love sought to blackmail. She had consulted him for his opinion as to the pregnancy of which she suspected herself, and in order to arrive at a diagnosis he inserted a speculum. Despite the fact that no symptom of miscarriage supervened nor sickness of any kind, the cyprian made the use of the speculum the basis of a charge of attempted abortion with instruments. Fortunately the physician was not frightened, and the attempt at blackmail was an ignominious failure.

Dr. Morrel Mackenzie declares that "the pollen of rag-weed (ambrosia artemisiæfolia)—a wretched weed, whose name is wholly unwarranted by its real character," is chargeable as the chief exciting cause of hay-fever in this country. It would be interesting to know whether the diminishing immunity from the disease which is afforded in the vicinity of Petoskey, in this State, is due to the importation of this weed into that region. It is asserted as a fact that that section no longer furnishes the relief to the hay-fever stricken that it did a few years ago.

The N. C. Medical Journal has estimated the actual expenses of the members in attendance at the late meeting of the American Medical Association, at $65,000, exclusive of what was lost in practice during the week of the session. It will puzzle some of the less enthusiastic to discover in the results obtained, a proper *quid pro quo*. We do not think it would be difficult to suggest some much more profitable means of expending this very considerable sum of money.

A sanitary towel is the latest device of the gynæcologist. It lacks the electrical attachment of the menstrue-pad, but is, nevertheless, constructed on the latest and most approved scientific principles. It is made of borated cotton and provided with the necessary tapes for adjustment. When properly in place, it stands as a faithful sentinel at the entrance of the vagina, and is certain death to any lasciviously-minded micrococcus that might dare to invade the sacred portal.

The committee whose appointment was requested by Pasteur, to test the validity of his claims touching his ability to render animals proof against hydrophobia, have submitted their report. This report strongly verifies Pasteur's conclusions. Twenty-three dogs inoculated by Pasteur with his cultured rabies virus, were found to be proof against inoculation with unmitigated virus, while thirteen dogs which were not protected, became mad after being similarly treated.

Dr. Lawson Tait predicted in his address before the Canadian Medical Association, that in a few years English students will travel to the medical schools of America, before they settle down to the serious exercise of their craft. When he was a young man it was deemed necessary to make a tour of the schools of France and Germany, but America is beginning to present superior inducements to those practically inclined.

The National Druggist gives probably the best answer which has as yet been given, of the question "Who owns the prescription ?" Its answer is "No one." It argues that the patient has been rendered a service for which he has paid, and that the doctor and druggist have rendered services for which they have been paid. Thus the whole transaction has been ended and the prescription should be preserved only as a record of what has been done.

Dr. P. A. Laver reports in the Canada Medical Record, that he removed, a few days ago, from the upper canaliculus of a patient's left eye, a hair (cilium?), which he thinks must have found its way there from some other eye, as it was of quite a different color his own blepharides. The moral of this wonderful case is evidently in the application of it.

Dr. T. Gaillard Thomas classifies American women in two grand divisions: one comprising those who desire above all things to become pregnant, and the other those whose greatest concern it is to keep from being so. Perhaps if the spermatozoon were a fish, the latter class would succeed less signally than they do in the attainment of their desire.

The following joke has been revived and a medical point given it: "Father," answered a fair penitent at the confessional, when her name had been asked, "my name is not a sin." Auspitz in questioning a syphilitic patient, asked him his name. "Doctor," replied the victim, "is my name a symptom?"

It has been decided by the highest legal tribunal in Germany that legal human life does not begin in the fœtus until labor has set in, and that destruction of the fœtus before full term is not murder. This is progress in the direction in which the crab moves.

A secular contemporary wants to know if Heidsick would not be a good remedy in a case of measles. Its use would certainly be homœopathic, but most practitioners, we think, would be disposed to look upon such treatment as rather teutonic.

Clinical Lectures on Mental Diseases. By F. S. Clouston, M. D., F. R. C. P. E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane; Lecturer on Mental Diseases in the Edinburgh University, etc., etc. To which is added an abstract of the statutes of the United States and the several states and territories relating to the custody of the insane, by Charles F. Folsom, M. D., Assistant Professor of Mental Diseases, Harvard Medical School, etc.

Philadelphia: Henry C. Lea's Son & Co.

This is a finely printed and bound work of over 500 pages, and comprises the lectures given by the author in the Edinburgh University. Unlike many writers Dr. Clouston has not made a collection of those rare cases that are not met by the average practitioner in a lifetime. On the contrary he has grouped together some 260 cases as they have presented themselves in order, to a physician who especially treats such diseases. The various kinds and phases of insanity are treated thoroughly and in detail, and the points to be considered in the treatment of the obscure causes of an affected mind, are so clearly and succinctly stated that the volume cannot fail to prove valuable alike to the general practitioner and the specialist. The addition of the laws relating to insanity in this country, will make the work of increased usefulness to physicians in the United States.

Analysis of Urine.*

BY H. O. WALKER, M. D., PROFESSOR OF ORTHOPEDIC SURGERY, GENITO-URINARY DISEASES AND CLINICAL SURGERY.

GENTLEMEN:—In closing this course of lectures on Diseases of the Genito-Urinary System, I do not consider it finished without giving you some idea of the method of making an examination of urine, a knowledge of which is of great importance in making a diagnosis of this class of diseases. It will not be presumed that I can impart all of urinary analysis to you in a single lecture upon this subject, that, you will learn from the various text-books on urinary analysis. Yet I hope to be able to present to you sufficient data to guide you in the work.

Normal urine is a proper physiological waste. Yet, frequently, we have either excess or increase in this waste, which is indicative of disease dependent upon functional or organic causes. Aside from this we may find in the urine abnormal constituents, which are still further indicative of disease. First a knowledge of normal urine is necessary, afterwards of abnormal. To-day, however, we will consider them conjointly.

SPECIMEN OF URINE.

A specimen of urine for examination should be a part of the whole voided in 24 hours, although a reasonable conclusion can be arrived at by an examination of that passed the first thing in the morning.

CHARACTERISTICS.

You will be able, after repeated examinations, to judge of the nature of urine to a certain degree of accuracy by its characteristics :

1. *Consistency.*—Urine, if thin and like water, indicates that it is normal. If thick or ropy the presence of albumen, sugar, pus, mucus and fibroid is indicated.

If the froth produced by the shaking of urine in a test tube disappears quickly, it is normal, but if it remains for some time it indicates albumen, sugar or pus.

2. *Color.*—Urine is either yellow, red, brown, black, green or blue.

Pale yellow, or almost colorless urine indicates an increased amount of water with loss of coloring matter and points to diabetes, some nervous irritation, or granular kidney.

Normal urine is of an amber-yellow color. Blood red urine is caused by an excess of vegetable matter excreted through the kidneys, or the passage of blood from some part of the urinary tract.

Febrile diseases often bring about a very high-colored urine.

Dark brown or black urine is indicative of hemorrhage of the kidney or a large amount of biliary acid.

Green urine comes from jaundice.

Blue urine is found in typhus and cholera patients.

3. *Transparency.*—Urine is either clear or sedimentary. The urine should be allowed to stand, the supernatant portion poured off, and the residue set aside for microscopical examination.

4. *Odor.*—Fresh normal urine is aromatic, but may be very much altered by foods, or medicines. A foul smelling urine is usually due to disease of the bladder, and has an old ammonaical odor.

5. *Reaction.*—Normal urine is acid, although it may shortly after a meal be alkaline, but this soon disappears and does not indicate anything abnormal. If a neutral piece of litmus paper introduced into urine turns light red it is slightly acid, and normal; if a bright red it is strongly acid and abnormal, and indicates an excess of normal constituents which produce irritation of the kidneys and urinary tract. When the litmus paper is unchanged or neutral, it implies the incipiency of ammoniacal decomposition, with the commencement of bladder disease.

If it colors blue, it is alkaline and indicates that disease of the bladder does exist.

Acid urine after standing for a time becomes neutral or alkaline.

6. *Specific Gravity.*—The temperature recognized as a standard for the specific gravity of liquids is 60° F. As it will be difficult to keep urine at this temperature, it will be necessary to add about one degree to every increase of ten degrees of temperature above the standard.

For practical purposes the urinometer is the best means used for measuring the specific gravity of urine, although more accurate determination is made by scales. In taking the specific gravity, fill the cylinder of the urinometer four-fifths full of urine. Then introduce the urinometer with your back to the light, allowing it to float vertically, and read the index on the shaft of the urinometer. Normal urine measures from 1014 to 1026, below 1014 indicates increase of water; above 1026, increase of urea or solids, although this is not always so, as you will learn by repeated examinations of urine. Yet it is pretty safe to conclude that when urine varies below and above these two points that a pathological condition exists.

NORMAL CONSTITUENTS.

1. *Phosphates, alkaline and earthy.* Phosphoric acid is excreted from the human body to the amount of 35 to 55 grs. daily.

The phosphates are increased in the urine by the administration of phosphoric acid and its compounds, animal diet, and in febrile diseases. Decreased in urine of low specific gravity, kidney, heart, and chronic nervous diseases.

The earthy phosphates, which comprise the calcium and magnesium phosphates, are found in small quantities in normal urine, and average daily from 14 to 20 grains. In alkaline urine we find in the sediment the earthy phosphates.

*A lecture before the students of the Detroit Medical College.

The test for them is made as follows: To a test-tube one-third full of urine add a few drops either of potassic hydrate KHO, or ammonic hydrate ($N H_4$) HO, then boil and set aside for a few minutes to settle. If only a few flakes appear the earthy phosphates are administered. If the layer is about three-eighths of an inch in depth they are normal; above that they are in excess. Blood is indicated when the phosphates are red; bile, if green; and pus, if yellowish-pink.

Alkaline phosphates consist in the acid phosphates of sodium, and a trace of potassium, and form the chief bulk of the phosphates.

In order to approximate the amount of alkaline phosphates, take two parts urine and one of magnesium fluid (magnesium sulphate and pure ammonium chloride, each one part, distilled water eight parts, and pure liquor ammoniæ one part), and if the whole amount presents a milky appearance, they are normal; if thick and creamy, they are in excess, while if it is but slightly cloudy the phosphates are diminished.

2. *Chlorides.*—Next to urea the chlorides are most abundant in urine, with an average secretion of from 250 to 360 grains daily. The approximation test is made by first adding to a given quantity of urine a few drops of nitric acid ($H N O_3$), thereby holding the phosphates in solution, when the solution of nitrate of silver ($Ag. N O_3$) is poured in, drop by drop, as long as any precipitate is formed. If the precipitate is white and cloudy it is normal, but if it becomes cheesy it is in excess, and where no precipitate forms, the chlorides are absent.

3. *Coloring Matter.*—In normal urine we have indican and urobiline, besides several other pigments which have not been satisfactorily designated. The test for (urobiline) is made by adding sufficient ammonia to the urine examined to make it alkaline, when enough chloride of zinc solution is added to cause the appearance of the peculiar absorption band indicating the existence of bilirubin. This test is best illustrated in urine from fever patients.

Indican is indicated when by the mixing of urine with nitric acid, it gives off the peach blossom red, violet, and deep blue colors.

4. *Sulphates.*—The amount of sulphuric acid excreted by a healthy man, in twenty-four hours, averages from twenty to forty grains. The increase of is evident after the administration of sulphur and its compounds and meat diet. A decrease is evident after a continuous vegetable diet, and in all urines with a low specific gravity. The sulphates in the urine are found as the sulphates of potassium and sodium. The test is made by acidifying 2 parts of urine with HCl, and then adding one part solution barium chloride, and, if normal, this mixture produces a white precipitate, and a greater or less intensity, according to its excess or decrease.

[*To be continued.*]

The Treatment of Hydrocele by Incision and Suture.

BY HAL C. WYMAN, M. D., PROF. PHYSIOLOGY, ETC., MICH. COLLEGE OF MEDICINE, DETROIT, MICHIGAN.

Twelve years ago I treated my first case of hydrocele. The patient was an old man 72 years of age, robust and vigorous. Had seen the treatment by tapping and injecting the sac with iodine tincture, tried several times in the clinic where I studied, and remembered that our professor of surgery had extolled that method as the best. My patient was old, and I was a little timid about washing out his tunica vaginalis with such a strong irritant, so I deferred doing more than simply drawing off the fluid with a trocar until I had time to consult some of the written authorities on surgery, and talk with more experienced practitioners of my acquaintance. In a few weeks the sac had refilled, and the old man clamored for a cure, saying: "The more you tap it, doctor, the more you will have to." My studies had led me to the belief that I could not do better than to follow the stereotyped rule and inject iodine; this I did, taking care to withdraw almost as much as I had thrown into the hydrocele, after drawing off a pint of straw colored fluid. No great pain was experienced. I left the patient with a quarter of a grain of morphine, which he was to take when the pain became severe. At my visit on the next day I was surprised to find the scrotum greatly swollen, and my patient suffering great nausea and depression. I resorted to all available remedies to control these symptoms, but to no purpose. He progressed from bad to worse. Thin, sanious pus infiltrated the tissues of the scrotum, necessitating large incisions. After two weeks of intense suffering, death came as a relief. Now, the natural history of hydrocele does not comprise any such serious situation as treatment by injection with iodine, provoked in this case. I thought the age of my patient was to blame for the sad turn in affairs. A few months later a young man came under my care whose right tunica vaginalis was filled with fluid. He wanted to be cured. Dr. —— in a neighboring village, had tapped him several times, and he was tired of such treatment. He was young and elastic in tissue. I thought him a suitable subject for treatment with iodine injection. Accordingly, I threw into the sac half an ounce of this strong tincture, taking care to traverse all the tissues of the hydrocele wall with the canula, so that no iodine could extravasate the meshes of the scrotal connective tissue. He suffered severe pain. I feared he would die from shock. His scrotum swelled enormously. Pus formed. Abscesses in scrotal tissue and sack of hydrocele were evacuated by incision, repeatedly. Months elapsed before he recovered his health. I questioned the propriety of treating another case in the same way. But as years passed other cases presented. Some were treated by seaton; others by incision and with uniformly good results by the latter method.

However, the treatment by iodine injection was so simple in execution and so uniformly praised by other operators that I was so constrained to resort to it again. This time results were better. In the years last passed I recall but one case in my own practice when this treatment has been followed by disastrous results, but it has often failed to effect a cure.

Among my brother practitioners I have heard of many cases doing badly after the iodine treatment. Now, I desire in this paper to protest with the full force of my experience, against the treatment of hydrocele by injection of iodine. That experience comprises every variety of the disease. The hydrocele with thin wall often tolerates the treatment well but those cases where there is great thickness of the tunica vaginalis resulting from sub-acute inflammatory processes, and those cases where the sac contains masses of fine fibrinous coagula, are not suitable cases for iodine injection. In every such case the treatment by iodine is at the imminent risk of the patient's life. The discrimination of cases that will tolerate the iodine with safety cannot be guided by rules of diagnosis, with any degree of certainty, and hence because of the fatality of the results in such instances and the frequency of failure to cure in others, the method ought to be abolished, and the older treatment by incision adopted in its stead.

A plan which has uniformly succeeded in my hands consists in making an incision one inch and a half in length through the investment of the hydrocele into the sac and then fastening by interrupted suture the internal membrane of the hydrocele to the integument of the scrotum. I have operated on old men after this method, and have seen them soundly cured without suffering more constitutional disturbance than results from tapping.

The Significance of Albumen in the Urine.

BY ORVILLE W. OWEN, M. D., DETROIT, MICHIGAN.

In making a large number of analyses of urine, there are found many samples which show by chemical tests a greater or less amount of albumen or its earlier form, albuminose. When albumen, is found, as a rule, the diagnosis is renal or vesical trouble. This is, in many cases, a grand error, and it should be borne in mind that we may have a large quantity of albumen, and even a cast or two, without having organic disease of the kidneys or bladder. The diagnosis of renal diseases is not quite as simple an affair as one would suppose from reading text-books, or watching the common method of making an examination. Albumen may be found under four distinct heads: 1. All organic diseases of the kidneys where inflammation is one of the factors, as in nephritis, acute or chronic. Granular degeneration, lardaceous kidney or malignancy, under which head we may almost class tuberculosis. 2. Any inflammation of the ureters, bladder, prostate or urethra, and in the female, of the vagina, as gonorrhœa, prostatitis, cystitis, etc. 3. Under mechanical traumatic or systemic pressure, due either to fecal matter, injury to renal veins, diseases of the circulation, medicinal substances, infectious or contagious diseases, diphtheria, typhoid fever, cholera, etc. 4. From the ingestion of large quantities of albumen or albuminous foods. The albumen of any one of these causes, cannot be distinguished one from the other, by any known chemical test, and we must make, not only a complete and thorough chemical analysis, but must also depend largely upon our microscopical examination, to clear up and make light the dark places. Let one make an examination of urine passed by a lady suffering from a profuse leucorrhœal discharge, or from a man with prostatitis, and here will be, by chemical test, conclusive evidence of grave renal diseases, when in fact, a course of uterine treatment of one, and urethritic treatment of the other, will dissipate the albumen. But, on the other hand, we cannot give a positive diagnosis of absence of renal disease when no albumen is found, for grave and fatal kidney disease may exist and yet there be no albumen or its prototype. You will please notice that under the first head I say albumen *may be found*, yet granular degeneration may go on to a fatal termination without the urine showing albumen. So to an intense congestion of the renal circulation may take place and death ensue before any albumen can get into the urine. The mere presence of albumen is not conclusive evidence of renal difficulty, for, *albumen is but a symptom and not a disease.* When pus is found in large quantities and associated with it, albumen, (the natural sequence of the pus formation and degeneration,) the diagnosis *must* be based upon the balance of the chemical tests, and the microscopical examination; and I would like, right here, to emphasize the fact, that albumen by itself has no diagnostic significance, that is, if found alone and without any of the other morbid products. I may be assailed upon this point, as I was when I made the statement in my article in the Detroit Clinic, that renal calculi could be diagnosed by microscopical examination, and in another article, that the urine loaded with glucose would show a low specific gravity, 1010 1020, rather than a high, 1030 40, but time which clears up most things, will, I am sure, uphold me in this statement, as, I am thankful to say, it has in the others. The time will come, and in the near future, when text-books with "Albuminuria" as a title will be done away with, and each organic disease of the kidneys will have a distinct name, and the albuminuria will be placed in its own proper place as a symptom and not held up to the world as a disease. When these facts are recognized, then will the treatment of nephritis, etc., be placed on a substantial and scientific basis.

177 GRISWOLD STREET.

Detroit Medical and Library Association.

Regular Meeting, July 21, 1884.

The President, Dr. R. A. Jamieson, in the chair.

The following subject for discussion was laid before the society: "Are Vices Hereditary?" Dr. Carstens was to open the discussion, but instead opened with an apology for not having made due preparation because of the pressure of business.

Following Dr. Carstens Dr. Shurly opened the discussion, taking the negative side of the question. Dr. Shurly said: There can be no doubt about the transmission of natural, physical peculiarities in animals, an illustration of which is the polydactylous individuals or families. Families bearing for successive generations peculiar nævi or other physical stamps.

Among the lower animals to which, for obvious reasons, our study must be confined, we find acquired structural peculiarities appearing in successive generations.

The doctor then called particular notice to the well-founded laws of nature, viz., prepotency of transmission, reversion, and sexual impressions.

For examples of the above the doctor called attention to the artificial breeding and cultivation of domestic animals and plants.

If something occur in the propagation whereby the breeding may become too close, or certain natural proclivities do not harmonize, there will be a reversion to the original stock or prototype. Darwin and others illustrate this in the breeding of pigeons, in fine horses, hogs and sheep.

Structural changes may be brought about in various organs of the animal body.

Carnivorous animals fed upon herbivorous food from their earliest age will produce glandular change in the digestive tract. So it is proven that exciting the skin causes exuberant growth. Nature is full of examples of such changes in the physical growth.

Speaking of the nervous system Dr. Shurly said that the physico-mental conditions were just as amenable to change, hence the term "intelligence" implied teachableness in contra-distinction from instinct, which was a knowledge in the animal pre-existing, not the result of experience. If vice was transmissible we must arrange it as an instinct, and I ask the question, Is vice or any part of the moral nature an instinct? It cannot be, as is shown by that much-quoted case of Caspar Houser: "How can a moral nature be anything but an acquisition, an outcome of social life, a necessity of our mode of life?"

The question arises, What is vice? What is vice to one notion is virtue in another. It cannot be instinctive or inherited. We are in common with other higher animals of our order which inherit physical structures, nervous and mental apparatus in its primitive forms, only capable of development up to a certain point by proper circumstances and guidance called "education." Any of the mento-physical proclivities belonging to all mammalia, may be so cultivated and harmonized by education as to annihilate vice. It seems to me to be a cowardly device for degenerate men to blame their dead ancestors for their own bestial tastes and vices, instead of bearing their own responsibility.

Dr. Devendorf asked Dr. Shurly if he thought the mental power to be entirely separate from the physical?

Dr. S. replied, No, I think it to be mento-physical.

Dr. Devendorf thought that a peculiar formation of the brain should be looked to, which may be the result of inheritance, the same as the hereditary tendency of the supernumerary toes and fingers to be present in several generations.

Dr. Warner said the transmission of tendencies in animals can be readily seen; not unlike the hereditary tendencies one sees in children.

Dr. Shurly said the muscle of the antelope and the sloth are identical, but the sloth cannot run and spring like the antelope.

Dr. McGraw said: I object to Dr. Shurly's logic, that "a vice is a vice to him who thinks it." Following this rule, it would work permanent injury to the human race. The sexual vice, as seen in Asia's kings, wrecks the king and his whole nation. In the time of the kings of England, Scotland and France, nothing was thought of this sexual vice. When in these royal families a weak child was born, the sexual power of the father was in a decline.

Dr. Shurly: The line of kings, as spoken of by Dr. McGraw, is not considered to be the history of a nation. Kings in those days were monstrosities, and their genealogies cannot be looked upon as characteristic of the nations of to-day. Time and time again has it been proven that a nation can be destroyed by intermarrying, resulting in a deterioration of all the structures of the body, mentally as well as physically.

Dr. C. B. Gilbert being present, he was asked to close the discussion.

Dr. Gilbert said: As human creatures, vices which destroy our physical being come constantly into our path. A hereditary tendency cannot be disputed. What shall we call a vice? The pro- and supination of my hand is not a vice, but to strike a friend is a vice—may result in a crime, and if I do it, am I or could I be restrained? Have I the power to withhold my hand? The vice of drunkenness destroys one's faculties and one's family. There is a tendency to resist these vices, but this tendency, despite all circumstances, may not be restrained. Is the power in the motive? If so, the motive is the controlling power. Men who have strong wills, and who at times have sunk low in intemperance or kindred vices, may again rise to their former position by the exertion of their will in the opposite direction, by a new thought, one of reformation addressed into his sensorium. It is a question of freedom and strength of the will, whether to fall in vice or live away from it, and grow to be an honored citizen.

Dr. Flinterman cited a fact which illustrated Dr. Shurly's point on the law of reversion. An Indian, when one year of age, was removed from his tribe, was given a college education, following which he became a physician. He went back to his tribe. He became, after a few years, a savage like the rest of his ancestors, apparently forgetting his acquired knowledge.

Adjourned.

REGULAR MEETING, Aug. 4, 1884.

The President, Dr. R. A. Jamieson, in the chair.

About fifty invitations were sent to members of the profession, as the subject for discussion was of such general interest. A number of non-members, including Drs. Brodie, Wight, Gilbert, Wyman, Chittick, Clark and Rouse were present.

The subject for discussion was: "Does quarantine offer the best protection to a community against cholera?"

Dr. Flintermann opened the discussion with a paper.

He said we must first consider the question: What is a quarantine and the protection it offers? before we can add to the safeguard of the community.

Quarantine is a guard against all diseases which may be transmitted and carried from people to people, by being secreted in the baggage or other effects of passengers from infected districts.

Such measures must be followed as will destroy the germ which promotes and causes the disease.

The researches of Dr. Koch were then spoken of at length, the doctor believing the newly discovered bacillus to be the cause, and not the effect of the disease.

Especial attention was called to the fact that cisterns and wells may be contaminated with the bacillus of cholera, and be the cause of spreading the disease, to a great extent.

Quarantine to be strictly carried out needs the combined efforts of citizens in every place where the disease may show itself. This may be done by careful disinfection with certain antiseptics of whatever evacuations come from the patient; strict cleanliness, and proper disinfection should tend to shorten an epidemic of cholera.

Cholera never originates spontaneously on this continent, but is brought here from India, via Europe, by vessels from infected ports. The sea is our only approach, and to our seaports must we look for our greatest protection, insuring ourselves by proper investigation that the quarantine is thorough in all its details.

It is not the ship we fear, but the people and their effects. Our government should co-operate with the Canadian officials in enforcing strict quarantine.

Following Dr. Flintermann, Dr. Lyster said: The question under consideration is an important one, not alone to the profession, but to the community at large. The entrance of cholera into Europe this year has been so far confined to the south of France, showing that quarantine has been strictly enforced, and has proved a protection, so far, to the rest of Europe.

It must be clearly understood by those living in cities, villages and farm houses, that drains, cesspools and vaults must not be in the vicinity of wells, for when the wells become contaminated with the germs of cholera, the infection is rapid and very fatal.

Dr. Lyster then spoke of the different epidemics which had entered America at different times, entering by the way of Quebec, Canada, New Orleans and New York. In all the epidemics along the line of march, this disease was extremely fatal.

Cholera appeared in Chicago July 12, 1852, being imported by immigrants; 630 deaths were reported. The disease appeared in Detroit May 19, 1854, comimg from Dutch immigrants, and lasting for several months; 1000 deaths were reported. All the epidemics which occurred in America were the result of direct importation.

The deductions to be made from the different cholera epidemics are these:

That cholera is communicable between countries. That it has its origin in India That it never appears in this country unless by direct importation.

That thorough disinfection of a vessel, cargo, passengers and their effects, is necessary to insure the complete eradication of the disease.

During the years when cholera is present, either at home or abroad, the cities and villages should be kept unusually clean, particularly where the drinking water is obtained from wells or cisterns.

Dirt and decomposition from whatever cause cannot originate cholera in this country, but where these are present they furnish conditions to the developement of the disease when it presents itself.

The necessity of cleanliness should be recognized by all. All discharges from a cholera patient must be received into vessels containing a strong acid solution, chloride or sulphate of zinc, copperas or corrosive sublimate. All clothing and bedding should be boiled in a strong disinfectant solution, or should be burned in a bright fire—in a stove.

The nurse in attendance should be particular to cleanse the patient with disinfectant solutions, and should under no circumstances eat or drink anything which has been in the room of the patient.

Dr. Brodie, following Dr. Lyster, said quarantine must be regulated with reference to the cause of the disease. I do not believe cholera to be contagious though it is infectious. I have noticed that cholera is always accompanied by warm weather. It does not thrive in cold climates. It disappears in cold weather. I look upon the germ theory as a result of the disease. The doctor thought that fear was a predisposing cause to cholera, and he mentioned several cases to illustrate his point. Quarantine gives great confidence to the community and should not be slackened.

Dr. O. W. Wight said: I came to hear what others had to say upon this subject. I agree with

the gentlemen who have spoken that quarantine depends upon the theory of the disease. I agree with Dr Koch and his methods of propagation, and the precautions he offers in the best modes of inforcing quarantine. A bacillus exists, not in the blood, but in the small intestines; here it is multiplied, and so it is outside of the body, as in the water of wells, for example. Cholera is communicative, by the effects of poisonous materials which appear in the wells from the filtration of the poisonous elements from cess-pools or out-houses. Take a case, for example, of a vessel upon which cholera has appeared during her passage. What is to be done? The vessel should be ordered to the quarantine station. The sick should be placed in the hospitals. The others should be placed in the suspect-hospital until the period of incubation has passed, when they are allowed to depart Their goods and luggage having been unpacked, fumigated and boiled. Many means for the disinfection of ships infected with cholera, have been tried. They have been opened to excessive cold, 30° below zero, but the cholera has returned on board when the ship has been taken to a warm climate. The best means yet found to eradicate cholera from infected vessels, is to batten down the hatches and fill the ship full of superheated steam. Cholera may be kept out of the country if people who are rich, and those who have been on infected vessels, go to the above named hospitals, and their goods are properly and thoroughly disinfected. All dejecta of patients must be disinfected as soon as voided. All flannels or linen that have been soiled should be burned, or boiled in a solution of the bichloride of mercury, one part in a thousand. This will make the article clean and antiseptic. Acids are the best antiseptics. Most any of the vegetable acids are destructive to the cholera germ. I have been through three epidemics, and have had it myself; was in Italy at the time. Fear and the presence of the bacillus increase the mortality; resolution and proper sanitary conditions, with the antiseptics above referred to, offer the best safeguard against the disease. This was fully illustrated by cases which the doctor cited.

Dr. Brodie here offered an explanation about the fear which he noticed in many cases in different epidemics, and cited several cases; and then said if it was not fear, it could not be the bacillus which killed in so short a time.

To illustrate what Dr. Brodie has said, I will add a word, said Dr. Wight. When I was in Italy cholera was raging in Florence. A village not far from that city, containing some 380 souls, had not been infected with the scourge. One night they all retired as usual, and in the morning 40 had died. What was the cause of the deaths? There had been but one well; all the people got water from it. Three days previous a person came from Florence; his dejecta was thrown into a vault without proper disinfection; the germs of the disease penetrated the well, and were soon manifest. These people did not die of fright. I cannot say that I agree with Dr. Brodie with reference to cholera only appearing in hot weather. An epidemic of cholera in Russia—and which proved very fatal, too—was one that occurred in midwinter, when the thermometer stood at 30° below zero. Here the dejecta of cholera patients were thrown upon the snow. Snow of the neighborhood was used, when melted, for drinking purposes, and so it was that the disease became so fatal.

Dr. McGraw thought that a physiological cause explained fully why those who dreaded cholera came so often by it. The fear caused diarrhœa, and the diarrhœa removed the epithelial lining of the bowels, and presented a weak point for the germ to work in. Cleanliness must be imperative, and must be enforced by the boards of health in all cities. We cannot quarantine now; there is no need of it. We need not disinfect, for the cholera is not here; but we can make strenuous efforts at cleanliness, both in our houses and throughout our city.

Dr. Inglis said: We cannot get the people to clean up their yards, alleys or streets. They don't see the use. The sanitary condition of this city is deplorable. We have had over 2,000 cases of diphtheria, 641 of which have resulted fatally. Scarlatina has been very virulent and the death-rate has been very large. I believe we should get ready for cholera. Clean our city, repair its sewers, make all preparations for the plague, and if it comes we can meet it and fight it better than if it appeared at the present time. Public enlightenment must be given in the care of one's own premises and then this will begin a good work.

Dr. Gilbert said: Cholera has never appeared in this country as its primary starting point; it has always been imported. Quarantine must be done thoroughly, and the people must co-operate with the health officials.

Dr. Douglas: Quarantine, cleanliness and sanitary hygiene are all necessary and indispensable. I heartily recommend them. I should like to see the good suggestions put into practice, and there is no better place to commence than in the eastern part of the city, where the sewers are mainly on the surface.

Dr. Lyster: I don't want to be understood as an advocate of uncleanliness. I think the city should be cleaned. Cleanliness will reduce the death-rate, which is very large just now. The doctor then read in the records of the board of health for 1873 to show how cholera may be checked by proper disinfection.

Dr. Clark spoke about the sanitary, or non-sanitary conditions of the sewers of our city.

Dr. Carstens added some remarks about the needed cash that should be used by the board of health in cleansing the city properly.

Adjourned.

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THE PROPHYLAXIS OF MALPRACTICE SUITS.—In our previous reference to this matter (p. 241) we referred to the great underlying provocation to suits for malpractice, which exists in professional jealousies, and suggested the introduction of a clause into the Code of Ethics of the American Medical Association, covering such cases, and fixing the penalty of professional ostracism to the violation of the provisions of such clause. Such a remedy would, of course, be but a superficial one, but the Code of Ethics in itself, even in its entirety, is at best a remedy against professional misdeeds, which goes scarcely beneath the surface in its attempt to regulate the conduct of one physician toward another. Were it not for the existence of the innate manhood which the Code but imperfectly formulates, it would be futile in the prevention of unprofessional conduct; on the other hand, its requirements might be infinitely more exacting and yet be inoperative in the absence of a proper professional sentiment. The prevention of unjust suits for malpractice, in so far as they may depend on the machinations of rival practitioners, is, therefore, after all, a something which is practically beyond the power of a codical enactment. It lies in the moral sense of the profession, and when this is kept subordinate to qualities which are debasing rather than ennobling, malpractice suits having no legitimate foundation, must continue to be looked for, as exhibitions of discreditable passions.

In view of the above a, great share of the responsibility for unjustifiable lawsuits for malpractice rests with the medical colleges of our country, who exercise no discrimination in their selection of those on whom they in two, or at most, three brief years, confer their degree, possessed of which the competent and the incompetent, the educated and the ignorant, stand equal before the public and in the eyes of the law. Prejudice, jealousy and the other narrowing and distorting passions, grow more luxuriantly in the ignorant, and education is their natural foe. With their front door thrown wide open to receive students, and their back doors quite as wide open to pass them out, after the prescribed period of detention within their walls, our medical colleges, with a very few rare and honorable exceptions, draw in and emit a larger number of the ignorant than are permitted to enter the ranks of any of the other learned professions, so called. This number is sufficiently large to seriously affect the *morale* of the profession, and, indeed, to justify even pessimistic views touching the future. In the present over-crowded condition of the profession there is, moreover, too much incentive to the cunning, the duplicity, and the detraction of rivals, which are most characteristic of minds which have not been subjected to the broadening and other salutary influences of education, and especially of a thorough education in medicine.

A number of suggestions, in the way of legal enactments, have from time to time been made, with a view to supplying the panacea from the ills which the profession suffers at the hands of a rapacious public. Among these is that by Dr. Nichols, in our present issue. In a suit for the collection of debt it is necessary for the plaintiff to give a bond securing the debtor against damages, in the event of its subsequently appearing that the seizure was illegal, before an attachment can be issued, and it would seem that the medical man might with equal justice require a bond to secure him against damages from unjusti-

fiable prosecution. It has, however, been held by constitutional authorities that the requirement of such bond in the latter case, would be contrary to public policy, and that there is not a proper parallel between the physician and the debtor. In the first place, such a requirement would make the poverty of a deserving sufferer an obstacle to his securing justice; and the parallel is defective in the fact that in the case of the debtor his property, while under the attachment, is absolutely taken from him, while in the case of the surgeon his capital, that is, his reputation, is not affected during the process of the suit, and (theoretically) can suffer damage only through the outcome of the suit. It was probably these constitutional objections which prevented the passage of the bill in New York, to which our correspondent refers.

The plan of requiring of the patient, or his legal representatives, a stipulation in writing and executed in due legal form, by which the surgeon is exempted from all responsibility for any untoward results which might follow his connection with the case, has been suggested as an easy solution of the difficulty. This, however, has also been discovered to be impracticable on the ground of "public policy." A man may not barter his legal rights or those which descend from him to those dependent on him. An employé, for instance, cannot relieve a manufacturing firm from responsibility for any accident which he may suffer through defective machinery, negligence on the part of other employés, or other avoidable cause. A common carrier cannot limit his common law liability for the results of his negligence or misconduct, nor does the law allow a passenger to assign his right to hold him to account. The law, very humanely, prevents a man from doing himself and his dependents a wrong in these matters, and does not permit him to submit himself a willing sacrifice to ignorance, incompetence, or negligence. Were it possible for a practitioner of medicine or surgery to guard against suits for malpractice through previous agreement with his patient, it would not require any great degree of prescience to picture the result. It would make the public the prey of the incompetence and quackery which exists, and which must continue to exist even under the greatest possible precautions to prevent them.

In addition to the above various other means of preventing the annoyance and expense of malpractice suits have been suggested, but we have yet to hear of one which, while protecting the profession, is not capable at the same time of working such injury to the public as to make its enactment as a law mischievous class legislation. The physician cannot absolve himself from responsibility in case of malpractice, nor can he prevent his patient from bringing his charge of malpractice to the arbitrament of the courts of law. The laws as they exist, in most States, are as favorable to the profession as there is any immediate prospect of their becoming, and the fact had better be recognized. This being the case, it but remains for those interested to secure such an administration of these laws as shall most fully subserve the ends of justice. Some surgeons seek to avoid the results of malpractice suits by owning no property in their own title, investing such earnings as they may have been fortunate enough to acquire, in the names of their wives, or other person in whose integrity they have sufficient confidence. This has been found to work well in some instances, but whether it can be made to square with the proper standard of right, is a question whose answer must be left to individual judgment. There are some ethical philosophers who maintain that it would be the worst estate which could befal man were he to be absolved from the consequences of his misdeeds. We do not propose to consider the correctness of this position, and we do not apprehend that there are many physicians in this matter-of-fact age whose course in reference to the adoption of this plan, will be dictated by the philosophical assertion referred to.

There are several other points in connection with this subject which we will refer to in a future number.

Typho-Malarial Fever a Misnomer.—The question "What's in a name?" is a more important one when referring to diseases than when referring to roses. While the latter would, doubtless, smell just as sweet if called by any other name, the name of a disease is, or should be, so descriptive of the pathological condition which obtains, that it is evident that it should at least not be misleading. As illustrative of the mischief which may attach to the improper naming of diseases, typo-malarial fever may be cited. This name having its origin during the war of the rebellion, when it was coined to cover a real or fancied peculiarity of type of typhoid fever as it occurred in the swamps of the Chickahominy river, has been made to do service through tne length and breadth of the land ever since, and, unquestionably, the large doses of quinine with which it has been sought to rid typhoid fever of the "malaria" which the chills have suggested, have been administered to the incalculable injury of such cases. It has not been enough that the late Dr. Woodward, who coined the word and introduced it into the Medical History of the War of the Rebellion, subsequently admitted that he did so under an error of judgment, and that the difference which he supposed to exist between the cases to which he applied it, and the typhoid fever of Louis, had no existence in fact. In spite of his repudiation of the name, and the false point in pathology which it implies, it continues to be used, and its error is still perpetuated in therapeutics.

It will be remembered that Dr. Roberts Bartholow, at that time a medical officer in the army, disputed Dr. Woodward's views, maintaining that he was in error in supposing that the morbid anatomy of typhoid

fever presented any peculiar features in consequence of a malarial complication. As populations increase, typhoid supplants malarial fevers. During the transition period a mixed fever may prevail—a typhoid with a malarial complication—but the morbid anatomy of typhoid remains always the same, and is not modified. The experience of the older practitioners in districts which were once malarial, will not fail to have observed that in earlier times typhoid fever was unknown, but that when the country became cleared up and drained, it came in to take the place of fever and ague, which was thus eradicated. In the Medical news of the 13th inst., Dr. B. points out anew the error of the term "typho-malarial," and calls attention to the fact that the "typhoid state" into which a patient suffering from intermittent fever may sink, is quite another thing from typhoid fever. He closes his article with the following suggestive paragraphs:

"There still remains an answer to the question, What is the nature of the influence exerted by the malarial poison on typhoid fever?

"For the reasons above given, it appears to be probable that when the typhoid germ begins its development in the body, the phenomena caused by malarial infection, if it exist, subside. I have held that the only modifications in the symptoms which occur, are the changes in the thermal line, the more pronounced exacerbations and remissions, the greater excursions of the temperature. I am by no means sure that this opinion is correct. The source of error is so obvious, and mistake is so easily made, that it can hardly be doubted it often occurs.

"If the malarial poison remains in abeyance during the predominance of the typhoid action, there comes a time when it asserts itself. After the typhoid infection has spent its force, there occurs an intermittent, which may greatly prolong the convalescence if not recognized and effectively treated. In my experience, this intermittent succeeds to the typhoid in all cases, in which a really active condition of the malarial poison exists. In the absence of such manifestation, we may well doubt that a malarial complication enters into the morbid complexus. Where the patient is simply affected by that which is styled 'chronic malarial poisoning,' the influence is insufficient to modify the typhoid process to an appreciable extent. If, however, the malarial infection is active, during the sway of the typhoid fever, it is either overpowered, or, at most, merely increases the daily thermometric range; but as the typhoid process subsides, then the malarial comes into play, and we have a convalescence interrupted or protracted by an intermittent or remittent fever. Often, indeed, have I witnessed these phenomena. I may now close my rather hasty observations, with a sentence from Woodward's paper read before the International Medical Congress at Philadelphia:

"'And this brings me at length to answer the question—Is typho-malarial fever, a special type of fever?—and, I reply, unhesitatingly, that it is not.'"

Diet and Headache.—Unquestionably a great deal of mischief has been done, and much unnecessary suffering permitted, through a misconception of the nature of the various forms of headache. Formerly, more frequently than of later years, it was the almost universal habit to ascribe headache, and particularly the so-called sick headache, to some disturbance of the stomach or liver. A very material advance in the therapeutics of headache dates from a recognition of the purely nervous element entering into their etiology. But, perhaps, the pendulum has now swung to the opposite extreme, and insufficient account is taken of the agency of the stomach and liver in the causation of the head symptoms. When we have a case of migraine of a typical kind, we, of course, waste no time in treating the sickness of the stomach, which bears the relation of effect rather than cause. It is highly necessary, however, before deciding to give no attention to the stomach or liver, to be satisfied beyond a reasonable doubt, that the symptoms are due to causes existing purely in the brain. A very large number, and, probably, the majority of the cases of headache met with in general practice, are due to irregularities or improprieties in the matter of diet. A very common class of these cases are marked by the following symptoms:

The patient is a person of good health and of unusual muscular strength. He wakes in the morning feeling a little less buoyant than usual, and early in the day suffers from a depression of temperature, the subjective symptoms being chiefly coolness of the hands and feet. Towards the afternoon the irritability of temper under which he suffers increases, and the inabillty to fix the mind upon any subject is followed by a headache, commencing in the frontal region, but increasing in intensity and area until it reaches the occipital region, and, indeed, extends over the entire head. On first lying down the pain is aggravated, and in some instances is positively unbearable. If sleep can be secured the patient awakes in the morning greatly improved. Sickness of the stomach seldom exceeds a slight degree of nausea and anorexia, in these cases. They differ from migraine in the fact that they are never unilateral. It will usually be found in most cases that for several days prior to the attack, there is some irregularity of the bowels, depression of spirits and general uneasiness. There is apt to be some flatulence and the urine is scanty and of high color. This class of cases is almost always due to indiscretions of diet, and generally an over-indulgence in butcher's meat is the direct cause. It is by no means a newly-discovered fact that a purely vegetarian diet is the best means of prophylaxis in these cases, as, indeed, it is also one of the best in migraine itself. Various explanations of the action of a meat diet in causing this disturbance, have from time to time been advanced, but we shall not

enumerate them at this time, contenting ourselves with a quotation from Foster's Physiology as follows :

"Perhaps in the intestines, as in the laboratory, this pancreatic digestion of proteids in excess, is accompanied by a considerable development of bacteria and other organized bodies, which create disturbance by inducing fermentative changes in the accompanying saccharine constituents of the chyme."

A recognition of these facts above noted, may be the means of assisting very materially the action of the drugs with which it is usual to dose these cases. It may also have the effect of cutting down both the druggist's and butcher's bills in these cases, and thus conduce to both the physical and the pecuniary advantage of the patient.

Intermittent Pulse.—Dr. B. W. Richardson, in a recent number of the Asclepiad, arrives at the conclusion that intermittency of the pulse is a more common symptom than it formerly was, and that the explanation is to be found in the increased emotional strain and excitement incident, to our present mode of living, the affection being due to "nervous exhaustion of the vital nervous system." The detailed causation of the phenomenon, as demonstrated in an exhaustive essay which appeared from his pen in 1868, Dr. Richardson has briefly recapitulated in this later article. He continues: "In itself, when not present in an exaggerated degree, intermittency of the pulse is often less dangerous than it seems. It does not, as might be feared, carry with it the necessary idea of sudden dissolution from heart disease, for, as I have elsewhere shown, the heart is the regulator, not the prime mover, of the circulation. The harmlessness of the symptom in its moderate development is shown by the fact of its common occurrence after middle age, and by the long duration of life in many of those who present it. At the same time the symptom has its significance. Occurring in infancy, it is an important indication of serious nervous derangement. Occurring in young adults, it has the same meaning, and tells the story of commencing failure of power. Occurring suddenly after any great event, which has told upon the mind, it may be a sign of very serious import." By far the greater number of persons whose pulse exhibits intermittency are unaware of the fact, and only in cases where the intermittent period extends over as many as five normal heart-beats, or recurs often in a minute, is consciousness of its occurrence produced, and such cases proceed along a certain course to death when the symptom is persistently present. A most important point, on which Dr. Richardson insists most impressively, and which has a direct practical bearing, is that persons with intermittent pulse offer less resistance to disease, owing to impairment of nervous energy, of which the pulse-change is characteristic ; and also they possess diminished power of recovering from surgical operations, as compared with individuals of normal circulation, and for the same reason, as our author tersely puts it. The phenomenon has its general meaning, both for the physician and the surgeon. It has also its particular meaning, since it may be raised into fatal consequence by disorders which need not, in its absence, prove fatal.

Intermittent pulse in children may pass away, but it is never got rid of when appearing for the first time at or past middle age, although it is not incompatible with the attainment of even extreme old age. One of Dr. Richardson's patients, who died at 86 years of age, was discovered to have this character of pulse when only 42. The symptom may be inherited ; a case is quoted of an infant in whom it was distinguished an hour after birth ; and now, 25 years after, the intermittency always appears under great strain or during depression.

On the subject of treatment in these cases, Dr. Richardson lays down a great number of valuable rules, which will be found of sound value by those who will be at the trouble of studying them. In children especially is it essential to avoid all undue intellectual and emotional strain, and to encourage the taking of a plentiful amount of sleep. In adults, too, equal attention should be paid to remedying impressions derived from untoward events, and to regulating diet and promoting repose.

A Warning to the Author of "A Woman Doctor."—A writer in the Detroit Lancet having inflicted on the profession a most scurrilous bit of most execrable and witless doggerel on the female physician, a lady reader with whom the Muse is clearly not unacquainted, sends us the following by way of a comment:

Your lines in the latest "Lancet"
Have lifted the veil of years;
And up from the grave where they laid him
In silence, with crocodile tears,

Has risen the ghost of the rhymist
Whom the editor slew in his wrath,
When he brought him a "Sonnet to Autumn,"
And an "Ode to the Woodland Path."

Roused by the thrill of your genius,
He wakes with electric start;
And writes with his skeleton fingers,
These words of a broken heart:

"O, Justice! Where art thou hiding?
Now even thy shadow I miss;
They killed me without compunction,
For a crime that was less than this.

"Yet they publish this wild effusion,
And I hear through the coming years
The echo of Fame's shrill jewsharp,
To tickle the author's ears.

"He writes of an ancient maiden,
With a poet's (?) fervid pen;
And wonders that withered spinsters
Attempt the work of men.

"He can only give as a reason,
Their lonely and desolate state;
Deprived of a fitting companion,
And lacking a masculine mate.

"He writes of her plain appearance;
Is beauty a test of worth?
If so, O! few are the mortals
Of the slightest use on earth.

"Did the editor's keener vision
Discover one palpable hit
In this horrible mixture of language,
Lacking argument, rhyme or wit?

"I will shake off the icy fetters
That all the life currents can freeze,
And write for a medical journal
As easy as this to please."

Thus speaking, a skeleton figure
Rose up from the gloom of the grave;
And now in the medical journals,
Another wild rhymist will rave.

O, Heaven defend us! O, doctor beware!
Would you rouse all the dead from their graves;
I hear hollow voices that murmur "Forbear;"
O! cease ere you rest neath the desolate waves.

Corrosive Sublimate as a Germitoxic.—The attention which has been more recently directed to the bichloride of mercury has succeeded in establishing it as the most effective germicide of the materia medica. The increased use of it has, however, developed the fact that it is particularly liable to produce constitutional poisoning, through absorption from the surface on which it is applied for its germicide action. Dr. Romaine J. Curtis, in an article on the subject in the St. Louis Medical and Surgical Journal, lets drop a suggestion of a method through which this danger from absorption may be obviated. He applies the salt incorporated with cosmoline. Cosmoline is not absorbed by the skin, and thus is likely to prevent or retard the absorption of any absorbable substance which may be incorporated with it. Dr. Curtis has employed ointment containing five grains of corrosive sublimate to the ounce of cosmoline, without causing more than the local effect for which he made the application. He regards an application to the skin, of an ointment containing from two to five grains of corrosive sublimate to the ounce of cosmoline, in scarlatina, as a valuable means for disinfecting and preventing the spread of the germs which make the cutaneous exfoliation in that disease the element of contagion. He does not, however, regard the drug as limited in its usefulness to its topical application. While, when the germs can be reached locally, the drug is practically a scientific cure of the disease which may be caused by the germs, it may also be given internally with a view to destroying the bacteria which, circulating in the blood, are also the cause of pathological conditions. He thinks that the old idea which regarded mercury as an antiphlogistic because it defibrinated the blood, is an error, believing that the remedy proves beneficial in such cases rather by its action upon the germs than through any effect it has on the tissues. Relating to dosage, he gives from the 90th to the 40th of a grain every four hours for scarlatina and diphtheria. He declares himself very positively in favor of corrosive sublimate as a remedy in the latter affection. He has never seen it to cause salivation, although he has been obliged to continue the medicine more than three or four days.

How to Mesmerize.—J. N. Langley, in Popular Science Monthly: I will show you the method of mesmerizing, which is, perhaps, on the whole, most effective; it is very nearly that described by Baird. I have not time to attempt a mesmeric experiment to-night; it is the method only which I wish to show you. With one hand a bright object, such as this faceted piece of glass, is held thus, eight to twelve inches from the subject, so that there is a considerable convergence of the eyes, and rather above the level of the eyes, so that he is obliged to look upward. The subject is told to look steadily at the piece of glass, and to keep his whole attention fixed upon it. This position is kept up for five to ten minutes, during this time the pupils will probably dilate considerably, often assuming a slight rhythmic contraction and dilatation; when this is the case, the free hand is moved slowly from the object toward the eyes. If the subject is sensitive, the eyes will usually close with a vibratory motion. In some cases the subject is then unable to open them, and the usual mesmeric phenomena can be obtained. If, when the operator brings his hand near the eyes of the subject, the subject instead of closing them follows the movements of the fingers, the whole proceeding is repeated, but the subject is told to close his eyes when the fingers are brought near them, but to keep them fixed in the same direction as before, and to continue to think of the object and that only. The operator then makes "passes," bringing his warm hands over and close to the face of the subject in one direction. When the subject is inclined to pass into the cataleptic state, an indication of his condition may be obtained by gently raising his arm; if he is beginning to be mesmerized, the arm remains in the position in which it is placed. If the arm falls, the mesmeric state may not infrequently be hastened on by telling the subject to keep his arm extended while he is still gazing at the object, or while the passes are being made. And that is the whole of the process. The man thus mesmerized

sinks from manhood to a highly complicated piece of machinery. He is a machine which for a time is conscious, and in which ideas can be excited by appropriate stimulation. Any one acquainted with the machinery can set it in action.

THE TREATMENT OF ACUTE LARYNGEAL CATARRH.—Acute laryngeal catarrh, the so-called false croup, is an affection which, although not immediately dangerous in itself, is attended by symptoms which are apt to cause a very considerable degree of uneasiness on the part both of the child and its parents. In a recent article in the Medical Times, Dr. J. Burney Yeo discusses the treatment of these cases in such a practical manner as must vest his remarks with interest even to the old practitioner, while they are of unusual value to the younger physician. Touching treatment he extols the value, in the early stage, of small doses of opium or morphine. By combining them with small doses of ipecac or tartar emetic, we secure both a relief of the irritation and cough, and the emollient action of the free secretion of mucus. Four or five grains of Dover's powder, repeated in five or six hours, usually relieve the tickling cough, the soreness of the larynx, the difficulty in swallowing and the hoarseness or impairment of voice. Warm alkaline drinks act as diluents on the tenacious and adhesive mucus which often hangs about the glottis and upper part of the larynx, and the following mixture will be found to answer quite well for this purpose:

℞. Sodii bi-carbonatis,..... ʒ j.
Sodii chloridi,..... gr. xviii.
Spts. chloroformi,..... m. xxx.
Aquæ anisi,..... ʒ vi.
M.

Two tablespoonfuls of this mixture may be taken every two or three hours with two tablespoonfuls of hot water or milk. Poultices should be applied to the neck over the larynx. Some prefer cold compresses which are equally beneficial. The inhalation of the steam from hot infusion of herbs of a demulcent character, is grateful and beneficial.

THE OPERATIVE TREATMENT OF TUBERCULOSIS.—Dr. A. P. Selenknow (*Vratch*) has an article on this subject. In tuberculosis of the bones and joints the diseased bones were resected, the affected soft parts carefully removed, and an antiseptic dressing applied. In order, however, that the remaining germs should not develop, the dressing and drainage-tubes were removed in three or four days, the secretions pressed out, though drainage established by means of an elastic catheter, and a forcible injection, generally of a ten-per-cent. alcoholic tincture of iodine, made into the wound cavity. Closure of the wound should be treated by re-opening it, and re-injection of iodine. After the superfluous iodine has run out, the drainage-tube should be replaced and a fresh dressing applied. This should be repeated every three or four days until there is no more fluid secretion. Finally the drainage fistula closes, and a scab forms. On the first appearance of the return of the trouble, the fistula must be scraped out again, and systematic syringing employed. No irritation of the wound is seen under this treatment; the vicinity of the wound must be protected from the iodine by a coating of vaseline. Selenkow has used resection in six cases in different joints, two being very extensive injuries. Both healed without the occurrence of fistules. In three of these cases iodoform was also added to the iodine, and directly applied to the fresh wound, or applied in the form of pencils. This form is highly valued by Selenkow, as the energetic action of the iodine seems to supplement the weak but lasting action of the iodoform. Iodoform is equally efficacious after the opening of scrofulous and other abscesses, though it is not to be recommended in congestive abscesses, in which the primary congestion cannot be removed, as, for example, in spondylitis.

MEANS TO INCREASE THE DIGESTIBILITY OF MILK.—Prof, Uffelman (Arch. für Physiologie, St. Louis Med. and Surg. Journal): All substances which on being added to milk diminish the consistency of the clot, are apt to augment its digestibility,

The dilution of milk with water (one part of milk to three of water) augments by almost .05 the proportion of peptones contained in the digested bolus.

By adding to milk mucilaginous decoctions, peptonization is favored, and the milk is better absorbed than by the mere addition of water. Gum arabic also increases its digestibility; but as the acid of the gum is injurious, it is necessary to add a small quantity of bicarbonate of soda.

A mixture of milk with the yolk of eggs (milk one-half litre, yolk of two eggs, milk-sugar two teaspoonfuls;) or simple milk one-half litre, yolk of one egg, can be recommended, but the clot is not as good as in breast-milk, and may also cause considerable flatulency,

The good effect of lime-water is not recognized by Uffelman; it can only be useful in exaggerated acid gastric secretion, but it is necessarily harmful when this secretion is insufficiently acid. Alcohol, especially Cognac, is justly considered as favoring digestion of milk, though we are unable to account for it physiologically. Perhaps it augments glandular secretions.

Milk can also be peptonized with pepsine or with pancreatine, and thus increase proteid material from .35 to .80. Milk thus prepared is of facile digestion but of a disagreeable odor, and of a bitter taste, which the addition of sugar does not entirely remove. Syrup of papain has not the same inconvenience, and can even be given separately.

Massage in Stricture of the Urethra.—The difficulty of passing a sound in stricture of the urethra following gonorrhœa depends, in the majority of cases, not so much upon the simple narrowing of the urethra itself as upon proliferation of the connective tissue in the surrounding parts. This hyperplasia of the connective tissue occurs in irregular patches about the urethra in such a way as to render the canal tortuous, thus increasing the difficulty of passing an instrument to the bladder. Dr. Géza v. Antal relates a number of cases (*Centralblatt für Chirugie*) in which he succeeded in inducing absorption of this hyperplasia by massage. The duration of each sitting was from eight to ten minutes, and the massage was repeated daily. Massage of the pendulous portion of the urethra presents no difficulties, but that of the membranous and prostatic portions is possible only through the rectum. Internal massage by means of the repeated introduction and withdrawal of a sound, as recommended by Bardinet, does not commend itself to the author. It is only possible in those cases in which the stricture is already permeable, while v. Antal's method is of especial value precisely in those cases in which the urethra will not admit of the passage of bougie. Further than this, internal massage acts only upon the thin layer of tissue immediately surrounding the urethra, while the external method causes the entire hyperplasia to disappear. The author thinks that in many cases massage will be used in preference to urethrotomy.

The Aryan Doctor.—Susruta, who flourished among the Aryans, a thousand years before Christ, laid down the following as the ideal to which he would have medical students aspire: The physician must utterly abstain from love and from hate, from anger and laziness, and from greed for gain. He must pay consideration to his external appearance, and have care that his clothing is appropriate and cleanly. He must be a servant of truth. He must show the same respect to the Brahmins, to his teachers in medicine, to his friends and to all who turn to him for help. The doctor must wear his hair short; his nails must be clean and closely cut; he must never leave his house except with his cane or sunshade, and above all he must avoid any undue intimacy with women. He must be handsome, well-built, amiable, earnest, but without self-deceit, friendly and full of spirit; his speech must be soft, yet encouraging as that of a friend; his heart must be pure and honorable; he must be a patron of cleverness and sagacity, and must love his patients better than relatives, friends or parents. One may have a fear of a brother, a mother or a friend, but never of his doctor.

How to Administer Santonin.—In order to develop the vermicidal powder of santonine, it is necessary that the santonine be brought into immediate contact with helminthes. Küchenmeister, Revue des Sciences medicale, St. Louis Med. and Surg. Journal: has shown that lumbrici lived in a mixture of albumine, santonine and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine is very efficient against lumbrici in the small intestines. This vermifuge is powerless against the trichocephalus which inhabits the cæcum; the oxyures which live in the colon and rectum, santonized injections will reach. Santonine powder or troches is not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture, which is slowly absorbed in the intestines. In any other mode, it has a toxic effect with many, but given with ol. ricini it is not disagreeable, and very efficient.

The Prophylaxis of Malpractice Suits.—Dr. T. B. Nichols, of Plattsburgh, N. Y., writes: Your remarks on "The Prophylaxis of Malpractice Suits," that appeared in your issue of August 25th, brings to my remembrance a bill which was brought before the legislature of the state of New York some years since, the intent of which was to compel the complainants in a suit for malpractice, to give bonds before the suit could be entertained, in surety for all damages in court, or that might accrue to the defendant in such suit, in case the complaint was not sustained. Why the proposed act failed to become a law is now forgotten, but it is fair to presume that the physicians in the state had no hand in procuring its defeat. Were such a law in force in this and every other state in the Union, the jealousies and malice of competing physicians and impecunious patrons, would profit them nothing and genuine cases only would ever come to trial.

The Drs. Sayre, *pere et fils*, have for several years attended the meetings of the British Medical Association, and have ever embraced the opportunity of enlightening our English cousins on the use of the plaster-of-Paris jacket in spinal diseases, after the manner of Professor Sayre's invention. Being imbued with the great value of this method of treating spinal diseases, they are enthusiastic in its praise, and are instant in season and out of season, in soliciting for it the attention of the profession. This zeal is, however, accused of a lack of judgement, and our transatlantic brethren are beginning to complain of what they regard as "too much of a good thing." A writer in the Student's Journal and Hospital Gazette, claims to voice the general sentiment on the subject, and he closes a few not complimentary remarks thereon with the following sentiment: "Now I have not a word to say against the plaster jacket; but it is quite possible to be nauseated, when one has the same lecture inflicted upon him again and again at each successive meeting of the Association; and I would suggest to the Council that they invite Professor Sayre to let us have something in the way of a novelty at next year's meeting."

In the discussion of a bill prepared by the American Medical Association at its late meeting, looking to the correction of the abuse which is alleged to exist in the medical service of passenger vessels, a member took the ground that there was a question as to the right of the United States to legislate for foreign bottoms. We are of the opinion that the point was well taken. It is time enough for this country to legislate for such bottoms when their owners declare their intention to become citizens, and any attempt on the part of the law makers at Washington, to interfere with the prerogatives of the gynæcologists of the effete despotisms of Europe, cannot be too severely frowned upon. The member deserves the thanks of the people of this country for thus warning the mugwumps at Washington to keep their hands off in this matter. The circumstance but goes to show the Machiavelian schemes of which your specialist is capable.

The leading article in the North American Review for October, is "Moral Character in Politics," by President J. H. Seelye. "Benefits of the Tariff System," a sequel to the article in the September number on the "Evils of the Tariff System," is a symposium of three articles, written, respectively, by John Roach, Prof. P. E. Thompson, and Nelson Dingley, Jr., who advocate the policy of protection of American industries. In addition to these is an article by the Rev. Dr. Augustus Jessop, entitled "Why I Wish to Visit America;" "The Philosophy of Conversion," by O. B. Frothingham; "The Origin of Yellow Fever," by Dr. C. Creighton; "Shall the Jury Sytem be Abolished?" by Judge Robert Y. Hayne; "The Genesis of Tennyson's Maud," by Richard Herne Shepherd; and "The Development of Machine Guns," by Lieut. C. Sleeman.

Julius Cohnheim, the German pathologist, is dead. Born in 1839, he studied medicine in Berlin and other seats of learning from 1856 to 1860. He commenced to practice in Berlin, but was appointed assistant to Virchow in the Pathological Institute, in 1864, from which time he devoted himself exclusively to pathology. He was subsequently, in 1868, appointed to the Professorship of Pathology at Kiel, which position he soon resigned to succeed Waldeyer, at Breslau. The discovery on which his fame will chiefly rest, was that of the migration of the white blood vessels through the parietes of the capillaries, in inflammations, and his formulation of the great truth, that "without blood-vessels there can be no inflammation." His death was the result of gouty nephritis, and occurred on the 14th ultimo.

Dr. Schweininger, the German charlatan to whom Bismarck has taken such a fancy, has been given a position in the medical faculty of the University of Berlin. His "Schweininger's cure" for obesity, which he practiced with success on Bismarck, and which is popularly supposed to be original, is nothing more than the plan laid down by Oertel, whose thunder he has thus stolen. In this country the false pretensions of such a man would be promptly exposed, but in Germany no journal dares to say aught against the favorite of the despotic Bismarck. The profession of Germany are obliged to see the unmerited honors conferred without, having even the poor satisfaction of publicly protesting against the injustice.

The efforts of the bears appear to be quite marked in their effects on medical college stocks this year. We do not wish to be invidious in our illustrations and shall, therefore, mention only the case of the Columbus Medical College, whose stock, the Columbus Medical Journal says, has been publicly offered, in the newspapers, for ten cents on the dollar. There are holders of stock of this nature who would rejoice with exceeding joy if the Columbus stock were the only medical college stock which had not been thus depreciated. But the cause of "the higher medical education" is so independent of sordid money considerations, that it continues to prosper notwithstanding.

The amenities of our secular contemporaries are often flavored with the spice of rare originality, but it is seldom that we find them givlng evidence of so much knowledge of a medical nature, as is shown by the editor of one of our State weeklies, who declares of a fellow editor, with whom he had been having a little inter change of pleasantries, that he kissed a child and infected it with delirium tremens. While it has been alleged that this disease is of a parasitic nature (due to the entrance into the system of "the worm of the still"), the possibility of its ready communicability, as indicated, has not been generally recognized.

Dr. Roberts Bartholow, who claims to speak from experience, declares chloral to be the incomparable remedy for Asiatic Cholera. He gives it co-incidently with morphine and atropine. His experience has been confined to the Mississippi valley, which, he says, is as much the home of cholera as is the Ganges, the conditions being the same, and sporadic cases occurring there every year. Whether chloral acts as a disinfectant which destroys Koch's microbe, or cures by relieving Dr. E. Halsey Wood's gangliasthenia, is not stated.

"Microbe" is compounded from the two Greek words *μικρος*, small, and *βιος*, life. It was coined by Sedillot, in 1878, and the aptness of its description of the thing intended, commended itself at once to scientific men, who have very generally adopted it. It is a much less cumbersome, and more euphonious word than micrococcus (*μικρος* and *kokkos*, a grain) with which it is synonymous. It is, moreover, a more correct word, that is, it is less objectionable as a descriptive term.

A statistician has been calculating anew the mortality of the globe. He has discovered the number of deaths to be 67 every minute, or 96,480 a day. The births are in excess of the deaths three a min-

ute, thus adding to the population a net gain of over a million and a half each year.

11TH ANNUAL REPORT of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending September 30, 1883. By authority.
Lansing: W. S. George & Co., State Printers and Binders.

The size of the volume of the proceedings of our State Board of Health is somewhat reduced, as compared with that which the Board has issued during the past few years. The fact, however, is not due to any suspension of effort on the part of the Board proper, but rather to a diminished number of papers contributed by physicians not members of the Board. The subject of the most timely interest discussed is that of diphtheria, which is considered by a committee consisting of Drs. Kellogg and Avery. The conclusions at which the report arrives are based on expressions of numerous physicians throughout the State, and standard authorities. It, very singularly, refers to Dr. Formad's experiments as authority for the assumption that the entrance of bacteria into the system is the cause of the disease. "Observed facts," it, moreover, declares, "seem to justify the conclusion that in the majority of cases the disease is primarily local in character." It declares in favor of the theory of the contagiousness of diphtheria, and mentions some eleven agencies by means of which the bacteria may be carried from person to person. The vitality of the bacterium is great, and should emphasize the necessity of thoroughness in disinfection. The period of greatest susceptibility and fatality is from one to five years. While one attack may exert some degree of protective influence against a second attack, the committee lend no encouragement to a practical recognition of this doctrine. Bad hygienic conditions are held to predispose to an attack, either through their depressant influence on the system, or by their adding virulence to the bacterium. The period of incubation is not uniform—in some instances lasting but a few hours, and again it may be from three to ten days after exposure before the patient comes down. Stress is, justly we think, laid on the fact that the patch in the throat is not the sole distinctive sign of diphtheria, and that every case of sore throat should be looked upon with suspicion. While having no definite opinion to offer on the matter, the committee, nevertheless, incline to the theory of the possible community of origin of diphtheria, erysipelas, hospital gangrene, and other septic diseases.

The report is prepared with the characteristic care of the secretary, Dr. Baker, and should be carefully studied by every practitioner of medicine in the State whose conception of his calling carries him beyond mere ministrations in case of disease.

LAWS OF THE STATE OF MICHIGAN RELATING TO THE PUBLIC Health, in force September 8, 1883. Compiled by the Secretary of the State Board of Health, and issued as a Supplement to the Report of the State Board of Health for 1883.

MATERIA MEDICA AND THERAPEUTICS: An introduction to the Rational Treatment of Disease. By J. Mitchell Bruce, M. A. Aberd., M. D. Lond., F. R. C. P., Physician and Lecturer on Materia Medica and Therapeutics, Charing Cross Hospital; Assistant Physician to the Hospital for Consumption, Brompton.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

This is a volume of the series of Manuals for Students of Medicine, which is being issued by the publishers. It is a 12mo. volume of upwards of 540 pages, and thus, while being still a "manual," does not deserve a classification with the "short cuts to knowledge" which have of late years been issued as aids (?) to students. It is a model of conciseness, and differs from the more voluminous treatises on the subjects of which it treats, chiefly in the fact that it is divested of all superfluous verbiage. It harmonizes with the courses of lectures on its subjects which are now almost universally given in our colleges, in the fact that the consideration of materia medica proper is crowded into the least possible space, in order that more room may be had for the discussion of the more practical subject, therapeutics. We do not propose to criticize this arrangement, seeing that it so conforms to the fashion of the times—a most pernicious fashion; we, nevertheless, believe it to be the fault of our American system of medical education, in its subordination of the non-practical for the practical, losing sight of the fact that there can be no perfect superstructure without a solid foundation—no well-developed growth of tree without a complete system of roots and rootlets. Neither foundation or roots are in themselves beautiful or of practical benefit, except in so far as they sustain the building or the tree, which is the beautiful and practical thing which yields the returns. This neglect of the non-practical in medical education has its counterpart in the attempt to banish from our plans of literary education, the classics and all else which is not of immediate assistance in the scramble for wealth. In the one case, the result is a contracted manhood, and the other, a physician who is unqualified for a comprehensive and, withal, minute conception of diseased processes.

In commending the Manual before us, we therefore do so chiefly because of its division on therapeutics. In this matter it is a model of conciseness, giving in the shortest possible space a very full consideration of the physiological effects and therapeutical properties of the drug.

THE NATIONAL DISPENSATORY, containing the Natural History, Chemistry, Pharmacy, Actions, and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codex. By Alfred Stillé, M. D., LL.D., Professor Emeritus of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, and John Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third edition, thoroughly revised, with numerous additions. With three hundred and eleven illustrations
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

The first edition of this royal octavo volume of 1,755 pages was given from the press but five years ago, and when the peculiar character of the volume, its price, etc., are taken into consideration, the fact that the third edition is so soon called for, is significant of the esteem in which it is held by the medical and pharmaceutical professions. A comprehensive review of the work at this time is alike impracticable and unnecessary. It is one of the classical treatises, and requires no commendation for those whose calling necessitates their possession of a work of this nature. To the medical profession Professor Stillé's views touching the criterion of a drug's therapeutic worth, namely, its observed effect in disease, rather than its physiological action, will enhance the value of the work. It contains the fullest information touching all knowledge, officinal and non-officinal, and is a very complete library in itself.

An Introduction to Pathology and Morbid Anatomy. By T. Henry Green, M. D. Lond., F. R. C. P, Lond., Physician to Charing Cross Hospital, and Lecturer on Pathology and Morbid Anatomy at Charing Cross Hospital Medical School, Senior Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Fifth American from the sixth revised and enlarged English edition. With one hundred and fifty engravings.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

We have had occasion on the appearance of previous editions of this very practical work, to give it our unqualified endorsement. The fact that six editions have been called for is, moreover, the most emphatic corroboration of the most favorable opinion of it which we could express. In these days of keen competition, both among authors and among publishers, the book which passes through several editions must not only have merit, but must also be kept fully abreast of the age in all matters pertaining to the subject of which it treats. This is, perhaps, particularly the case when that subject is pathology, and the English work on this division of medicine which can thus hold its own against the strides which are being made on the Continent, requires no commendation. While the work before us is not characterized by the profundity which marks some other works, it is much better adapted than the latter for the student, and for such practitioners who may feel it necessary to supplement their knowledge of pathology, acquired years ago, with an acquirement more consistent with the existing requirements of a complete medical education.

Analysis of Urine.*

BY H. O. WALKER, M. D., PROFESSOR OF ORTHOPEDIC SURGERY, GENITO-URINARY DISEASES AND CLINICAL SURGERY.

[*Continued from page* 268.]

5. *Urates.*—Urea as a normal constituent of urine is the most constant and greatest in quantity, and is excreted from a healthy adult to the average amount of 450 to 600 grains daily. Is increased by a flesh diet, acute febrile diseases, and diabetes mellitus and polyuria. Is decreased by a vegetable diet; any wasting disease, and chronic inflammations of the parenchyma of kidney, together with uremia.

Crystals of nitrate of urea are determined by one drop of nitric acid to two of urine, placed on a glass slide, then evaporate with a spirit lamp, and set aside to crystallize.

The examination by the microscope reveals (if urea is present) squares and six-sided crystals, generally overlapping each other. When albumen is present in considerable quantity, it will be necessary to remove it by coagulation and filtration. Another method to approximate the amount of urates is by concentrating a quantity of urine to half its bulk by heat, and then adding nitric acid C. P. to one-third its volume, allowing it to cool, when, if the nitrate of urea is in excess, the whole quantity will instantly be filled with it, while if normal, it will not be manifest for several minutes and; if diminished, it will be necessary to let it stand for several hours before it is appreciated.

Uric Acid, a normal constituent of urine, is excreted by a healthy adult in an average quantity of from 4 to 8 grains daily. Is increased by both animal and vegetable diet, improper aeration of blood, want of exercise, waste of nitrogenous elements, increase of the white corpuscles, and in a uric acid diathesis. Is decreased in all chronic affections of the kidney.

Red crystals of uric acid are approximated by pouring about 20 drops of hydrochloric acid C. P. into a test tube (six inces), one-third full. Allow this to stand 24 hours, when the red sediment will fall to the bottom and collect on the sides of the test tube.

ABNORMAL CONSTITUENTS.

1. *Albumen*, when found in urine, indicates, as a rule, a pathological condition, although it may appear transiently, due probably to temporary innervation of the kidney, and sometimes to excessive albuminous diet.

The true source of albumen in urine can only be determined by the microscope.

Albumen in urine (strongly acid) may be determined by boiling it in a test-tube over a spirit lamp. If the precipitate is earthy phosphates, it will disappear on the addition of a few drops of acetic or nitric acid; while if it is albumen, the precipitate will remain. A more certain test is made by filling a six-inch test-tube one-third full of urine, boil then add nitric acid C. P. drop by drop, when, if albumen is present, a coagulum will appear. Pure albumen will be white; blood, red; and bile, green. When the quantity of albumen is small, it may not be apparent by the above tests until the mixture is allowed to stand for some time.

Alkaline urine (which is more or less turbulent even after filtration) must be cleared up before testing for albumen, which is done as follows: Take three parts urine and one part solution caustic potassa, K O H. Boil and filter. If the filter is not clear, add a few drops of the magnesium fluid, boil

* A lecture before the students of the Detroit Medical College.

again and filter, setting it aside to cool; when by adding carefully, drop by drop, acetic acid, a white milky cloud is observable, which we designate *albuminose*. It is quite desirable that this test should be made in all tests for albumen.

2. *Biliary acids* are rarely seen in urine. The test is as follows: To urine in a test-tube drop a grain of cane sugar, then with care add about 20 drops of sulphuric acid C. P., and at the junction of the two will appear a color line. Wine red is normal, while a purple color indicates *bile salts*.

3. Abnormal *coloring matter* in urine arises from blood, bile called uro-erythrine, and vegetable coloring matter. The test is made by adding nitric acid by means of a pipette, to urine in a test-tube, when, if normal, a reddish color will appear at the line of junction of the acid and urine, and if bile is present the color will be green.

4. *Fat* often appears in urine after catheterization, from the oil on the instrument.

Chylous urine is rarely seen in this climate, but common in hot climates. The turbidity in such urine is cleared up by agitating it rapidly in a test-tube with ether, the sediment rising to the surface in the form of a cream.

5. *Sugar*, by some authorities is said to be always present in urine, although in so minute a quantity as not to be appreciable by the ordinary tests. It is in diabetes mellitus that we find the greatest quantity of sugar. Of all the tests for sugar the following is probably the simplest and most certain. Take solution cupric sulphate ten drops, and glycerine half a drachm, and boil in a test-tube, then adding sufficient sol. potassic hydrate, to turn it into an ultra-marine blue color, when the suspected urine is added drop by drop while it is boiling. If sugar is not present there will be no change of color; if in a small quantity it will change to a dirty green, and when above one per cent. the precipitate will be yellow, and settle to the bottom as a red oxide of copper.

Albumen and the earthy phosphates interfere with this test, and it will be necessary to remove them, the former by heat and filtration, the latter by adding a solution of potassic hydrate, then boil and filter.

MICROSCOPIC APPEARANCES.

The use of the microscope in urinary analysis is equally important with the chemical tests, in fact more so, for without the microscope it is impossible to determine the exact source and character of certain substances found in urine. Therefore in choosing a microscope select a good one, with a one inch and a one quarter-inch objective; the latter objective is the best for ordinary examinations.

Urine for microscopical examination should be allowed to stand for a number of hours, decanting the supernatant fluid several times, if the sediment is slight. In some instances where the urine is alkaline, or where two or three days are required to prepare it for examination, in order to prevent decomposition and growth of bacteria, it will be necessary to add either chloral hydrat, ten grains to four ounces of urine, or, what is better, a solution of one-half per cent. chromic acid, one part to ten of urine. After allowing the urine to stand long enough in a test-tube or conical glass, place on a slide (perfectly clean) a drop of the urine, by means of a pipette, using care to take that from the very bottom; then cover with a thin glass cover; if there should happen to be too much urine it can be easily removed by a piece of blotting paper.

In urinary deposits you may find either: 1. *Ammonium urate*, in the form of brown spiculated double spheres. 2. *Bacteria*, in their different forms. 3. *Blood*, both red and white corpuscles. 4. *Bladder epithelium*, scale like, a single nucleus, and irregularly polygonal in outline. These are frequently mistaken for vaginal epithelium. In acid urine they are present for some time, while in alkaline urine they are soon destroyed.

5. *Calcium carbonate*, rarely found in human urine, it is seen in small spheres, which effervesce on the addition of acetic acid.

6. *Calcium oxalate*, found most frequently in acid urine, yet it is met with in alkaline urine. It is not appreciable by any test, and is only determined by the microscope. Is seen in form of beautiful octohedral and typical dumb-bell crystals. The dumb-bell is not of as frequent occurrence as the octohedral.

7. *Cancer elements*, are manifest as single caudate cells, such as are seen in medullary cancer, and as fragments of villous cancer.

8. *Cholesterine*.

9. *Cystine* forms in six-sided plates, white in color and frequently overlapping each other. Crystals of cystine must not be mistaken for uric acid of similar form. A drop of ammonia allowed to flow under the cover-glass will cause the cystine to disappear, while the uric acid will remain unchanged.

10. *Epithelial casts* come from the lining of uriniferous tubules; sometimes they contain blood and are called blood casts.

11. *Fibrine cylinders* are well-defined spiral twisted molds from the tubes of Belleni, with a sharp contour, and are of light, or brown-yellow color.

12. *Fat* is exhibited under the microscope as fat globules, varying in size, and must not be mistaken for air bubles under the cover glass.

13. *Granular casts* appear as solid plugs, granular in form, of a dirty yellow color, and are much smaller than fibrine cylinders.

14. *Hippuric acid*.

15. *Kidney epithelium* comes from the tubules of the kidney as round cells or from the deep layers of the mucous membrane of the pelvis of the kidney; they have a clearly defined central nucleus. Conical and caudate cells also have their origin in the pelvis of the kidney, and occasionally like cells, much smaller in size, come from the male urinary tract.

16. *Leucine* and *tyrosine*.—These substances are usually found together in the urine. Leucine ap-

pears under the microscope in small spheres resembling fat globules; ether will, however, dissolve the fat and not the leucine. Tyrosine shows up as a constricted bundle of needles.

17. *Mucous casts* are mucous molds of the uriniferous tubes, frequently dichroic in character.

18. *Nitrate and oxalate of urea.*

19. *Penicilium glaucum*, a fungus growth in acid urine, with or without albumen or sugar, and appears as net work of hollow fibres, together with linked cells.

20. *Pus* is exhibited as round granular cells, and when treated with acetic acid appears transparent with two or more nuclei. Some have prolongations with amœboid movements. Sometimes they are quite large, and may be mistaken for the round kidney cell.

21. *Sarcinæ ventriculi* are arranged in groups of 2, 4, 8, etc., vesicular cells.

22. *Spermatozoa* are found after copulation, nightly emissions and spermatorrhœa, and are recognized by the snake-like head and delicate tail prolongation.

Triple and magnesium phosphates are found in alkaline urines. Crystals of magnesium phosphate are long quadrilateral tables, while the triple phosphates ($(NH_4)Mg\ PO_4+6H_2O$), are coffin lid in form, and by adding a drop of ammonia, assume quickly a fern-leaf shape.

Phosphate of lime occurs alone or in connection with the triple phosphates, and is a granular deposite.

24. *Tubercle.*

25. *Urate of sodium* presents itself in prismatic and stellate crystals, and is commonly called, in connection with the other urates, the "brick-dust" deposit. The *amorphous urates* are generally found mixed with the urates of ammonium or sodium.

26. *Uric acid.* Crystals of uric acid assume a variety of shapes, mostly four-sided and six-sided plates, whetstone, spiculated bombs, horseshoe nail, etc. They have a red or yellowish red color. These crystals in quantity give considerable pain in their transit through the ureters, bladder and urethra

27. *Uric acid cylinders* are recognized by their composition, and disappear on the addition of ammonia.

28. *Waxy casts* are found in amyloid degeneration, with sharply-defined contour, perfectly clear, and do not break down so readily as the other cylinders.

29. *Xanthin.*

30. *Extraneous substances* are present in all specimens of urine examined, and appear as dust, fibres of cotton, silk and wool, hair, feathers, etc.

APPARATUS.

The outfit for urinary analysis should be placed on a firm table of suitable height and in front of a window, and consists of a dozen test-tubes with rack. Test-tubes best adapted for this use should be ½ inch in diameter and six inches long, or nearly so. Test-tubes of other sizes will be found convenient. A graduated glass, pipettes and glass rods, a spirit lamp, a wash bottle, a urinometer, porcelain dishes (2, 3 and 4 in.), filter paper, two or three small glass funnels, glass stoppered bottle for cover glasses and a dish for dirty slides, litmus paper,—red, blue, or neutral,—blotting paper, a German student's lamp for evening work, and a *good* microscope with proper appurtenances.

REAGENTS.

All reagents should be put in 4 oz. ground glass-stoppered bottles. The acids must be chemically pure and as follows:

Hydric sulphate con. (H_2SO_4).
Hydric chloride con. (HCL).
Hydric nitrate con. (HNO_3).
Hydric nitrate fuming ($HNO_3+N_2O_4$).
Hydric acetate ($HC_2H_3O_2$).
Potassic hydrate sol. (KHO).
Baric chloride, sol., ($Bacl_2$).
Magnesia sulphate, sol., ($MgSO_4$).
Plumbic acetate, sol., Pb. $(C_2H_3O_2)_2$.
Zinc chloride.
Ammonic hydrate, sol., (NH_4HO).
Cupric sulphate ($CuSO_4$).
Argentic nitrate sol. ($AgNO_3$).
Alcohol (C_2H_6O).

Magnesium fluid, bismuth subnitrate, animal charcoal, glycerine, and solution of iodine for staining.

URINARY ANALYSIS RECORD.

Name of patient .....
Date of examination.....
Times of voiding urine..... Quantity voided daily—oz.....
Quantity examined..... Oz.

CHARACTERISTICS.

Consistency	Odor .....
Color	Reaction .....
Transparency	Specific Gravity.....

NORMAL CONSTITUENTS.

Alkaline Phosphates.....	Earthy Phosphates .....
Chlorides.....	Sulphates .....
Coloring Matter.....	Urates.....

ABNORMAL CONSTITUENTS.

Albumen	Coloring Matter.....
Albuminose	Fat .....
Biliary Acids.....	Sugar .....

MICROSCOPICAL APPEARANCES.

Ammonium Urate.....	Magnesium Phosphate.....
Bacteria.....	Mucous Casts .....
Blood (red).....	Nitrate of Urea.....
Blood (white).....	Oxalate of Urea.....
Bladder Epithelium.....	Penicilium Glaucum .....
Calcium Carbonate.....	Pus.....
Calcium Oxalate	Sarcinæ Ventriculi.....
Calcium Phosphate	Spermatozoa .....
Cancer Elements.....	Torula Cerevisiæ.....
Cholesterine	Triple Phosphates.....
Cystine.....	Tubercle.....
Epithelial Casts.....	Tyrosine.....
Fibrin Cylinders.	Urate of Sodium.....
Fat	Uric Acid.....
Granular Casts.....	Uric Acid Cylinders... .....

Hippuric Acid.....	Waxy Casts..... .....
Kidney Epithelium.....	Xanthin.....
Leucine.....	Extraneous Substances.....

SIGNS.

+ Increased.	Gr. — Greatly diminished.
— Diminished.	Sl. + Slightly increased.
N. Normal.	Sl. — Slightly diminished.
Gr. + Greatly Increased.	

Lectures on Clinical Surgery.

BY THEO. A. MCGRAW, M. D., DETROIT, MICHIGAN, PROFESSOR OF SURGEY, DETROIT MEDICAL COLLEGE.

Disease of Hip Joint.—GENTLEMEN: This boy, aged 14, has been lame for eight years, but of late his lameness has increased, and the pain at right knee and around the right hip, has become more severe and continuous.

It is unnecessary to say that the first step in the treatment of such a case must be one of diagnosis. Before we may discuss the pathology or therapeutics of a disease, we must ask what is the matter? Lameness of an extremity may be caused by very many conditions. First of all, the trouble may be in any one of the various joints, in those of the foot and ankle, in the knee, in the hip, in the ileo-sacral articulations, or even in the vertebral articulations.

Excluding the joints, we may have to look for the source of trouble elsewhere, perhaps in the central nervous system, or in inflammations of the ileo-psoas fossa, or in peri-renal inflammations, or in periostitis, or necrosis of the bones. There are, in fact, so many varieties of trouble, that it will not do to jump at conclusions in the matter, but we must arrive at our diagnosis by careful and conscientious study of all the symptoms. Now, on examining this boy, we find that neither the ankle nor knee show any sign of swelling nor stiffness. You may put it down as an invariable rule, that no joint whose function is perfect can be diseased. The very first sign of trouble of any kind in any joint is impairment of motion. The hip joint, in contrast with the knee and ankle, shows decided impairment of motion, and you might hastily conclude from this symptom alone that the case was necessarily one of hip disease. If you did so, you would be liable to error, for other causes than disease in the joint may produce stiffness. Psoas abscess, psoitis, peri-renal abscess, periostitis or necrosis of the rim of the pelvis, or of the trochanters might, any one of them, impair the functions of the hip joint. The diagnosis of these conditions is not, however, altogether difficult, for besides the influence they exercise on motion of the hip joint, they have other symptoms peculiar to themselves. Thus peri-renal abscess is apt to produce disturbances in micturition, and causes a local swelling and pain in the affected loin. Psoitis and psoas abscess cause swelling and often severe pain in the ileo-psoas fossa. The pain of periostitis and necrosis is limited to the portion of bone affected. But, besides all this, there is another symptom by which you may distinguish the lameness caused by affections outside of a joint from that caused by actual joint trouble. *When lameness is caused by a distant trouble, motion is impaired, if at all, only in one or two directions, while disease of the articulation itself causes a general impairment of function.* I have never seen an exception to this rule, as far, at least, as concerns inflammatory troubles of joints. Now, if we examine this boy closely, we will find that the motion of the affected joint is limited in *every* direction. Flexion of the left thigh can be carried to such a degree that the knee touches the abdomen, while the right knee comes to a decided halt several inches from it. Complete extension of the left leg and thigh produces no arching of the lumbar vertebræ, but when the right is brought flat on to the table, the lumbar spines are lifted away from it. Adduction, abduction, rotation and circumduction are all circumscribed on the right side, while free and easy on the left. There can be no question in this case that the disease is one of the hip-joint itself, and the absence of all history of injury points to constitutional conditions as the principal cause of trouble. This corresponds with the usual history of such cases in my practice, for I have never been able to corroborate the experience of Sayre and other American surgeons, who look upon hip disease as a local inflammatory trouble caused by injury. In by far the larger number of cases it is easy to demonstrate a constitutional defect of nutrition, of which the joint disease is but one local expression. A further proof of this has been the discovery by German observers of the bacillus tuberculosis in the substance of the bones and in the joints themselves, in very many cases of hip disease.

Constitutional treatment is, therefore, as essential in these cases as in any other form of tuberculosis, and I am convinced that the internal administration of bichloride of mercury, combined with the hypophosphites, is of very material service in shortening the course of the malady. I need hardly say that good nutritious food and proper hygiene are of even more importance, but, unfortunately, they can not be secured for a patient as easily as the medicines. As regards local treatment there can be no doubt that the extension and fixation of a diseased joint is of great service in relieving pain and inflammation, but the very greatest good which they accomplish is done by enabling the sick patient to get the benefit of exercise in the open air. The constitutional vigor, thus acquired, enables the tissues to resist the disease and limit its ravages. The protection of the joint from injury is, of course, most essential to its recovery, and it is wonderful how much nature will do for a diseased part if it only rest secure from strains and bruises. In dealing with young subjects, the gaining of time is of importance, for when growth has ceased and the tissues have hardened and the bones have arrived at maturity, the liability to this form of disease ceases. If we can preserve the tissue until then from destruction, the joint will heal and thereafter render its master good service.

The Sympathetic Nervous System.

BY W. F. BALL, M. D., COLUMBIAVILLE, OHIO.

Much has been said in regard to this great system of nervous excitability, yet much remains to be said, for half hath not been told. We have the encephalon to see, think, smell, hear, feel, etc., but when it comes to the great organic action, over which the encephalon has no control, we know there is an innate principle in man that takes no rest, no sleep, but goes on, year after year, in the full vigor of its power, without sleep or stop in the action of the heart, or lungs, or peristalsis, or assimilation; while life endures, this goes on without abatement. Now this must be from other source than the encephalon, for its steady march, uncontrolled by the will of the being, is a thing uncontrolled by the encephalon. This we aver, is the sympathetic or abdominal brain. It must be the seat of power and of life—yea, of the soul of man. You may stop the encephalon by a stroke upon its encasement and cause unconsciousness, yet the motor power of the heart may be undisturbed, and respiration, and peristalsis, and assimilation may last for hours, or even days, and the subject may even really recover from his injury. Why? How? Through what agency? When the entire brain is *non est*, as regards intellectuality, or other result of brain action, how is life to exist without a source beyond this brain power? Reason says there must exist another throne from which emanate the powers of life.

An illustrative case occurs to me—an example of this second brain power: Mr. B., State mineralogist and surveyor of this State, was out on an expedition to survey and estimate a coal belt in Pennsylvania. The driver of a conveyance which he had hired, started the horses with the sudden crack of the whip, and the back seat in which Mr. B. sat, not being thoroughly attached, was thrown back by the sudden forward impetus of the wagon, and the surveyor was precipitated upon his back, the cervical vertebræ coming in contact with a hard, frozen lump of earth. The spinous process of the third cervical vertebra was driven into the spinal cord, causing complete sensory and motor paralysis of all the inferior parts. The patient, nevertheless, *lived five days*. There was no loss of flesh or of any of the vital elements of the body. What sustained assimilation, peristalsis, respiration, and diastole and systole of the heart in this case?

Again, I attended a lady in confinement who gave birth to a *living* babe weighing 15 pounds, but without a vestige of brain, as was demonstrated by the dissection of Dr. H. H. Chamberlain, of Paris, Ohio.

Now if the soul is not located in the solar plexus, where would you see the seat of essence in this latter case? It had no pineal gland, and yet it for a time lived an independent existence, which it certainly could not have done without a sympathetic ganglionic system.

The Treatment of Hydrocele.

BY HENRY KREMERS, M. D., HOLLAND CITY, MICH.

The article of Prof. Wyman, in the late issue of the AGE, on the treatment of hydrocele, I cannot agree with. In my experience the iodine injections are safe and reliable. I never use over two drachms of the strong tincture, and leave it in the sac to be absorbed. Considerable pain and swelling will follow, but in my cases never required any special treatment. Let me give the treatment of my two latest cases.

Mr. T., aged 60. Diagnosed double hydrocele, right side; very large; came on two years ago; never had any treatment. Advised operation at once. Tapped both sides and injected the usual amount of iodine. Considerable pain the first day. Second day, swelling, but no pain if the scrotum was not disturbed. One week after operation patient went at his usual occupation. At date of writing two and one-half months after operation, no sign of return.

Mr. N., age near 70. Been tapped several times by myself and others. Two weeks prior to date of writing had his consent to tap and inject iodine. After operation I advised him to keep in recumbent position for two days. Inside of a week met him on the street. All pain had left him, swelling going down, and have no doubt that it will be a permanent cure.

I have always had success with this treatment, and will not change till it fails me. I will gladly admit that my experience is not so very extensive, still I have such confidence in the iodine treatment that I consider it a specific for hydrocele.

The Influence of Acute Otitis Media on the Respiration.

BY AMYER R. MACDOUGALL, M. B., M. R. C. S. E., CHESTERFIELD, ENGLAND.

Among the various reflexes originating from the ear, I can find in the works I have consulted no mention of one bearing on respiration. As it is a subject which must interest all practitioners, and which may sometimes give rise to a good deal of doubt and anxiety regarding the diagnosis, I have ventured to publish this case in the hope that by so doing I may in some way help to relieve that anxiety and give a clue to diagnosis. A few years ago, while acting as a resident in the Edinburgh Infirmary, a patient, Jane B., æt. 20, suffering from gastric ulcer and anæmia, was admitted to the wards of which I had charge. Her temperature and pulse were normal, her respirations 20 per minute. The treatment employed was perfect rest to the stomach, injections of beef-tea, eggs, and brandy being given per rectum; under this treatment she improved rapidly. A fortnight after her admission, however, an increase of the respirations was noticed, an increase quite disproportionate to

the slight increase of the pulse. Hitherto the respirations had been from 20 to 24, now, however, they rose to 36 per minute. The temperature was perfectly normal, the pulse 72. No pain was complained of, nor was the cough present. A careful examination of the throat, chest, and abdomen failed to reveal any cause for this increase. The number of the respirations continued high without any rise of the temperature or pulse until the third day, when the morning temperature was found to be 101°, the pulse 78, the respiration 36. In the evening the temperature was 101.8°, pulse 84, respirations 40. Next day the temperature was still slightly elevated —in the morning it recorded 100° in the evening 101°. Pulse, morning 76, evening 88. Respirations, morning 40, evening 38. A careful examination was made by Dr. Brakenridge, but nothing to explain the condition could be discovered. The temperature for the next six days was normal in the mornings, 99.2° in the evenings, the pulse during this time varying from 64 to 80, the respirations from 36 to 48, the latter point being gained on the evening of the sixth day. Two hours after my evening visit on this day I was asked to see this patient again, as she was complaining of great pain in her right ear. This she stated had come on suddenly, and almost immediately afterwards she felt some discharge from the meatus. On inspection, the meatus was found full of pus, free from any disagreeable smell. Pressure on the ear increased the pain. Poultices, upon which some tinct. opii had been sprinkled, were applied, but these had little effect in relieving her. Next morning the discharge from the ear was free, the pain less severe. The temperature in the morning was 100.2°, pulse 92, the respirations 56. Evening temperature 101.2°, pulse 88, respirations 50. She was unable to hear a watch placed on the right ear. Without giving a daily record of temperature, pulse, etc., which might prove tedious, I may state that for three days the temperature remained close on 100°. The pulse which, prior to the respiratory increase, had never exceeded 70, steadily increased after this began, gaining on the evening of the perforation, 88, and on the morning subsequent 92. It then gradually decreased, the normal rate being regained on the fifth day. The respirations, unlike the temperature and pulse, did not immediately begin to diminish in frequency after the perforation. For some days they continued 52 per minute on the sixth and seventh days they reached 60—this with a pulse of 72 and a normal temperature. Steadily and gradually they now diminished ; on the ninth day the record was 48 in the morning, 46 in the evening ; on the eleventh day, 40 both morning and evening. During the remainder of her stay the diminution continued, and when, a week later, she was discharged they had reached 32 per minute. At the time of her leaving the hospital she was able to hear a watch at six inches distance, a feat which I think we must consider gratifying, seeing that for nearly ten days after the discharge appeared she was quite unable to hear a watch placed on the ear.

In connection with this case there are one or two points which to me seem to merit special attention. The entire absence of pain, throbbing, and distressing noises in the ear during an attack of acute otitis is not of common occurrence. With regard to pain, so far as my own observation goes, and from what one can gather by a perusal of the symptoms described as being generally present in these cases, its absence seems an unusual circumstance. It has, however, been noted before. Von Troltsch,[1] in his book on Diseases of the Ear, in speaking of acute suppurative catarrh of the middle ear, says, "Cases occur, however, here and there, in which such abscesses in the tympanum lead to perforation of the membrane without any pain." The absence of the other symptoms is, so far as I can learn, even more unusual. Unfortunately, the acuteness of hearing was not tested. The patient evidently did not observe, or at least did not complain of any deafness, nor could I detect any inability on her part to understand what was said to her. Urbantschitsch,[2] referring to this point, says, "Even well-marked deafness on one side can develop itself without its being discovered, unless care and tests be employed. Frequently it is only found out by an accidental stoppage of the external meatus of the other side, or by the patient lying on the sound side." He also says that patients who are extremely deaf on one side, but whose other ear remains normal, only find out their defect when cerumen having filled the meatus of the sound side they are rendered so far completely deaf. On removing the cerumen from this side, the patients express themselves as having regained their hearing perfectly.

To my mind the causation of the otitis is somewhat doubtful. The bed in which the patient lay was placed near a window ; the weather at the time was cold. She may have been exposed to a draught, but of this neither she nor any subsequent occupant of the bed ever complained. There is, however, another, and though it may seem a doubtful mode of origin, still, with the knowledge which recent experiments have given us, I cannot regard it as an altogether improbable one. Gellé and Wiet[3] have observed as a result of stretching both vagi in a kitten, which they killed five days after the operation, well-marked otitis media suppurativa of both ears. In the left ear the abscess had not yet perforated the tympanic membrane ; in the right, however, this had occurred, congestion of the internal ear on this side being also present. The authors regard this as the result of a reflex action, the afferent nerve of which is the vagus, the nuclei of the medulla the centre, the sympathetic the afferent nerve. Again, among the symptoms usually ob-

1 English Edition, p. 56.

2 Ohrenheilkunde, p. 325.

3 "Lésions de l'oreille intent et de l'oreille moyenne à la suite de l'élongation du pneumogastrique.—Gaz des Hôp., 1881.

served when a foreign body is lodged in the external auditory meatus is vomiting. This undoubtedly is the result of a reflex, the efferent nerve of which is the vagus. With these facts before us, is it too bold to suppose an irritation of the peripheral fibres of the vagus distributed on the stomach capable of producing such an abscess? I am inclined to consider it as a probable explanation of its causation.

How can an otitis media give rise to increase of respiration? Some may regard the dyspnœa as a hysterical symptom, but against this there are various and, to my mind, insuperable objections. In the first place, the patient showed no other hysterical sign; the condition was only discovered by a careful watch having been kept on the temperature, pulse, and respirations. No remarks were ever made in the patient's hearing suggestive of any abnormality, and I should fully expect, and I think the history of hysterical cases bears me out in this, that had hysteria been the cause, there would have been marked variation in the rate of the respirations. This was not so. Once the rise in respiration had begun, it continued steadily to increase, until some days after the perforation, when a rate of sixty per minute was recorded. Afterward a steady and gradual decrease set in; but even at the time of her discharge from hospital, when surely it is improbable she would have continued the deceit, the respiration had not nearly regained their normal rate. Some appreciable increase of the pulse-rate might also fairly be expected in one making such a continuous effort. Such was not the case, however. With respirations numbering 60, she had a pulse of 72, and with respirations 36, she had a pulse of 76 the day before her discharge. Foster, in his Physiology, page 328, states "that of all the apsychical nervous centres, the respiratory centre is the one which is most frequently and most deeply affected by nervous influences from various quarters." According to Langendorff, weak stimulation of any sensory nerve produces acceleration; strong stimulation, inhibition, or slowing respiration. From this I suppose the sensory nerves of the ear are not excluded. But by what nerve is the impulse conveyed? whether is it through Jacobson's nerve (a branch of the glosso-pharyngeal) or through the branches of the fifth distributed to the tympanum? Both are nerves of sensation, both take part in the formation of the tympanic plexus, and are therefore equally exposed to the irritation. Some observations made by Urbantschitsch on a patient suffering from purulent tympanic inflammation, with perforation of the membrane, and the presence of polypi in the cavity, are interesting in connection with this point. He states that "by pressing with a sound at one spot near to the upper posterior periphery of the perforated* membrane, a severe burning and an intensely acid taste was complained of at the tip of the tongue, but when the sound was pressed against the inner wall of the tympanum, in the region of the plexus, a sensation of scratching was felt in the posterior pharyngeal wall. It was therefore possible in this case to act on parts supplied by the trigeminal, through the chorda tympani, on parts supplied by the glasso-pharyngeal through the tympanic plexus." From this instance it would seem that irritations applied to the plexus are more readily conveyed by the glasso-pharyngeal than by the trigeminal branches. That the trigeminal can be the afferent nerve in many reflex actions originating in the ear is well shown by, among other examples, the complete cure of spura orbital neuralgia, after tenotomy of the tensor tympani in patients suffering from chronic catarrh of the middle ear. Before we can accept the idea that irritation of the plexus is better conveyed by the glasso-pharyngeal than by the trigeminal we must, I think, have further observations. Sources of error are apt to arise in observations of this kind. The sound may press upon fibres containing a greater number of glasso-pharyngeal filaments, or the fibres of the fifth may have been somewhat damaged by the inflammatory action. Those seem to me the most obvious errors which may occur, but there are many others which would require careful consideration. The glosso-pharyngeal is closely related to the vagus, the nerve of all others most likely to convey impulses to the respiratory centre. When the peripheral fibres of the auricular branch of the vagus are irritated coughing is induced, and taking this into consideration along with Urbantschitsch's result, imperfect though it may seem, I think we must consider the glosso-pharyngeal, of the two nerves, the more likely to convey the impulse. The question may be asked, Could the auditory not form the afferent channel? Nerves of special sense can, we know, act as afferent nerves in reflexes, for when the eye is exposed to a strong light sneezing frequently results. The afferent nerve in this case is the optic. In the case under consideration, however, we have the fact that though the increase came on in what we must regard as an early stage of the otitis, and though it increased steadily until the abscess burst, it did not reach its highest level until some days subsequently. The removal of the pressure by the bursting of the abscess was not followed by a diminution in the rate of respiration, which, had the auditory been the conveyor, must necessarily have followed. The absence of auditory vertigo also reads against this theory. Benedikt, quoted by Urbantschitsch, states that from the sensory nerves of the tympanum a reflex action on the circulation of the brain, particularly on that of the medulla, occurs. In this way, doubtless, many of the cases of epilepsy and of hyperæsthesia, dependent on ear disease, can be explained, but in the absence of signs, pointing to involvement of the vomiting, cardio-inhibitory, and other centres, we cannot regard this as a likely cause of the phenomena in this case.—*Edinburgh Med. Jour.*, Sept., 1884.

Ohrenheilkunde, p. 414.

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THE CAUSE AND CURE OF A COLD.—During the approaching season so large a percentage of cases which will call for the service of the physician, will be found to be due, directly or indirectly, to "catching cold," that it may be profitable to consider the essential condition which is the result of this unfortunate "catch," and the *modus operandi* of the causes which lead to it. Certainly in the minds of the people and probably in those of many physicians, there does not obtain a proper conception of the dangers which the patient who suffers from but a mild attack of "cold," has escaped. On no other hypothesis can be explained the prevailing lack of suitable precautions against its occurrence. While a "cold" may expend itself in a simple congestion or mild degree of inflammation of the mucous lining of the upper air-passages, which readily undergoes resolution, it not unfrequently takes a form the nosological name of which is apt to throw us off the track in our search for the etiological factor.

While a cold is generally directly traceable to exposure to inclemency of weather, a draught, dampness of the feet or some other cause which acts as a rapid conductor of caloric from the system or suddenly throws the blood circulating in the superficial capillaries into the deeper organs, it is a most patent fact that scores and hundreds of such exposures occur without deleterious consequences. Why is it, that of a hundred men exposed at the same time to the same disturbing causes, the "cold" which one contracts shows itself as an acute naso-pharyngeal catarrh; that which another contracts reveals itself as a pneumonia; while that of others take on the form of enteritis, or Bright's disease of the kidney, or cystitis, etc.? And why is it that of this hundred all but half a dozen or so escape without ill effect? The answer must be sought in some antecedent departure from the complete standard of health, through which the person attacked is placed in a condition which renders him susceptible to disturbances which in the case of those in good health, cause nothing more than a slight physiological irregularity. This departure from the full standard of health may be, and usually is, due to errors of personal hygiene. Anything which interferes with the proper functions of the intestines and skin, particularly prepares the system for an attack of cold. The person whose digestion and the function of whose skin are properly conserved by wholesome exercise and baths, with friction, is practically proof against colds. It is a mistake to hold that baths protect against colds by their "hardening" action. They act beneficially rather by placing the skin in proper condition for its function of depuration. A weekly hot bath is a better prophylactic against colds than a daily cold bath, and when it can be taken in the form of the Turkish bath, its virtue is enhanced. If daily baths are taken during the winter, it is better that they should be luke warm than cold, and should be employed for their cleansing rather than their hardening effect. While an exceptionally robust person may take a daily cold bath with impunity during the winter, and may be even benefited by it, the indiscriminate use of such baths is capable of much injury.

The mechanism of a cold is very interesting, and a knowledge of it is essential to an intelligent treatment of the condition. The vessels whose dilatation and engorgement with blood is the first stage of the cold, are under the control of the nervous system, and the disturbing cause gives rise to the con-

dition which obtains through a disturbance of that system, and not by direct action on the skin itself, or the mucous membrane. These latter are traversed by a mesh of ultimate nerve filaments which connect the parts in which they are imbedded with the nerve centres, whence they derive their tonicity. The ordinary stimuli in conditions of health serve but to induce a harmonious working of this mechanism. When, however, there is an atonic condition of these centres, the exposure above instanced as the direct cause of the cold, creates an impression on the nerve filaments, which, being carried to these centres, paralyses them, temporarily. In this condition the vaso-motor nervous system is unchecked in its peculiar action, and as a consequence we have such a contraction of the vessels as to squeeze from them a large portion of their contents. We thus have the pallor of the surface which marks the onset of a chill. As soon as the centres have recovered from the shock, we have the condition of "reaction," as it is known. It is a law of physics that action and reaction are equal, but in opposite directions, and it is the working of this law which makes the period of reaction from the effects of the disturbing cause in the case of a cold, one of deep interest. If the impression on the nerve centres has been a profound one, the vaso-motor centre, which shared in the general depression, although not feeling it as soon as the central nerve system, gives way before reaction is established. In this condition of affairs the heart, in the excitement of its reaction, sending the blood with accelerated force into the vessels whose vaso-motor supply is temporarily in abeyance, dilates them, and thus are caused local congestions, which are the initial stage of inflammation, which is attended with fever. It is thus apparent that it is a question of balance of power between the general nervous system and the vaso-motor, whether exposure of the reaction indicated is to cause "cold." If the reaction of the former be quick, there is a rush of blood to the surface, and due resistance being found in the vessels thereof, the heart is stimulated to increased action, and the sweat glands are thrown into activity, causing perspiration. Should the vaso motor system, however, have seriously participated in the shock, the blood vessels will have lost their tone, and congestive inflammation and fever ensue. A cold, then, as clearly defined by the Lancet, is a disturbance of the balance between the several parts of the nervous system, brought about by the shock of a sudden or prolonged exposure to the depressing effect of a chill; although the same physiological results may be produced in the organism by the operation of any agent which is capable of giving the system a similar shock, and thus creating the same kind of a disturbance. Nature's provisions against the consequences of a chill, and for the prevention of a cold, are sneezing and shivering. A violent fit of sneezing by its explosive influence, arousing the nerve centres from their depression, often wards off an attack of cold. It is in this way that snuff is beneficial in an incipient cold. Shivering also has the same arousing action, and in those cases in which an attack of shivering is not followed by an inflammation the shivering has succeeded in arousing the depressed vaso-motor centres. When the shivering fails to arouse these centres, the inflammation which follows is of a grave nature. Brisk exercise after exposure to the causes of a cold is also frequently effective in warding off an attack, and should always be indulged in when practicable.

A "cold" having been contracted, what is the best means of throwing it off? The answers to the question are legion, for they are many. In domestic practice hot, stimulating drinks have from time immemorial been held to be the best, and that they are very effectual does not admit of question. Full doses of quinine and Dover's powders have, probably, a larger number of advocates in the profession than obtains for any other means. For a number of years we have, however, relied quite exclusively on the treatment recommended by Dr. Dobell, of the Royal Hospital for Diseases of the Chest, London, and have come to regard it as the most effectual of any yet suggested: 1. Give 5 grains of carbonate of ammonia and 5 minims of liquor morphia (B P.—morphia, gr. $\frac{1}{6}$) in an ounce of almond emulsion, every three hours. 2. At night give ℥ jss. of spts. Mindererus in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night when there is thirst. 3. In the morning the extra blankets should be removed, so as to allow the skin to cool down before getting up. 4. Let the patient get up as usual, and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bedtime the second night, give a compound colocynth pill. Usually about twelve doses of the mixture will be found sufficient, but should the catarrh show any disposition to return after leaving off the medicine for a day, another six doses may be taken and another pill at bed-time. The beauty of this treatment lies in the fact that it does not interfere with the patient's business, and does not expose him to the fresh attacks of cold which are liable to follow exposure to the outer air after a course of hot, stimulating, disphoretic drinks.

THE COMMA BACILLUS.—While it is yet too soon to accept, in spite of the evidence which has been adduced in its support, Koch's theory of the causation of cholera, it is an apparent fact that the weight of scientific opinion is on the side of this theory. It is true resident physicians in the so-called home of the disease, dispute Koch's position with much warmth, and it is claimed, on what seems to be trustworthy authority, that the so-called characteristic bacillus may be found, and has been, in the mouths of healthy people, who, without resorting to any means of destroying the parasite, have not con-

tracted the disease. The bulk of the profession, perhaps, are peculiarly prone to run after new things, and to take into confidence plausible theories which seem to afford a ready explanation of questions which have heretofore baffled enquiry. It is, perhaps, better to do this than to be conservative, after the kind of those to whom the simple fact that a thing or theory is new is a sufficient excuse for combatting it, and even denying it a hearing. The truest safety lies in between these extremes, and the fairest treatment of the new is not to receive it without question, nor yet to inconsiderately reject it, but to give it a courteous reception, and to label it "not proven," until the evidence fixes its position beyond the possibility of peradventure.

The present status of the cholera bacillus may be summed up as follows: It is a comma bacillus; that is, it is shaped like a comma (,). It requires an alkaline soil for its growth, and is consequently never found in the stomach of cholera patients. It is taken into the system with the food and drink, and chiefly with the latter, and reaches the alkaline secretions of the intestines only as it has been successful in running the gauntlet of the acid secretion of the stomach. It has never been found in the intestines of those who have died of dysentery and other affections than Asiatic cholera. Having effected an entrance into the intestines, it multiplies there with great rapidity, and sets up an irritation which establishes an exosmosis of the serum of the blood. The bacillus cannot be said to have been propagated in inferior animals. It is carried from person to person, not by means of the atmosphere, but by such agencies as transport the dejecta of the individual affected; hence the necessity of destroying the dejecta by fire, and of boiling drinking water during an epidemic visitation. It may be cultivated in jelly, and thrives best in humidity, dryness being unfavorable to its propagation. Carbolic acid is, among the substances which have been employed to destroy it, the most effectual.

The British Medical Journal, in the course of an article on the Last Thing on Cholera Germs, points out as weak points in Koch's theory several which it would be well to consider before arriving at a conclusion concerning its merits. It says, the complete failure of all attempts by Dr. Koch and his colleagues to induce cholera in animals by the ingestion or an injection either of choleraic discharges or the bacilli which he believes to be the cause, or an essential part of the cause, of the disease in man, has appeared to many minds, the incredulous and the oversanguine alike, sufficient to cast grave doubts on the correctness, not merely of his conclusions, but of the entire theory on which they are based. It may not be the bacillus, but some product evolved by it at some period of its growth and development, that is the actual poison; and, what is still more to the point, he has not as yet traced the entire life-history of this bacillus, since he has not been able to detect it in its spore-bearing stage. That the mycelium of a fungus may extend itself for an indefinite period without production of sporangia, in the absence of circumstances favorable to this process, is well-known by every one who has grown mushrooms from so-called spawn; but cryptogamists are equally familiar with the fact that many of these organisms assume, before sporiferation, forms so different from those they exhibited previously, that they have long been described as distinct species or genera.

These considerations may prepare us to accept, although of course with caution, the alleged discovery, by Drs. S. Maurin and Lange, of the missing link in Koch's investigations. These observers, who have been working at Marseilles since the departure of the German Commission, report that they have found a mucor which they believe to be the actual agent in the propagation of cholera, and which is the mature form of which the bacillus is an earlier and lower phase.

This mucor appears, they say, on the fourth or fifth day, on the putrefying stools of cholera, and on these only. It has the form of a mycelium, the tapering ends of which are surmounted by cup-shaped sporangia, which burst on the slightest agitation, discharging vast numbers of spores. These spores require, for their germination, to be deposited on, or come in contact with, some putrid organic matter, when they develope into a mucor of another form, an anaërobium, which they believe to be the immediate cause of the phenomena of the disease, and which again, in its turn sporifying, gives birth to the bacilli of Koch.

The bacilli in themselves are innocuous, but, deposited on a putrid medium, and in contact with the air, they develope the first mentioned mucor, and the cycle is renewed.

The first mucor, unlike the bacillus, possesses in a high degree the power of resisting the action of so-called disinfectants; it is not killed by ten-per-cent. solution of nitric or of hydrochloric acid; it vegetates freely in a solution of carbolic acid in like proportions, and can sustain any temperature up to 150° Cent. (302° Farh.), but above this it breaks up, as it does also in a ten-per-cent. solution of tincture of iodine; and a specimen mounted in oil of turpentine went through its whole development up to the discharge of its spores.

Extraor linary as the statements may appear, there is really nothing in them, save as regards the power of resisting re-agents, which is not in entire harmony with what we know of the life-history of similar organisms. But their bearing on our knowledge of the causation of spread of cholera, make their verification a matter of the highest importance.

Shall the Physician Kill the Patient?—The discussion of this startling question by the Detroit Medical and Library Association, as reported in a recent number of the Age, has excited no little interest. The prevailing opinion is that its selection as a subject for debate, was, to say the least, unfor-

tunate. We are of the opinion, however, that it is quite a legitimate topic for discussion, for, doubtless, in the experience of every practitioner, absolutely hopeless cases have presented, in which the propriety of effort to prolong a life of suffering, has, *nolens volens*, forced itself upon his consideration. The simple fact that the question has arisen, and is likely to rise again, in the mind of the conscientious practitioner, is a sufficient excuse for its discussion by a medical society. This same fact is, moreover, a sufficient reason why there should be no ascription of questionable consideration for the sacredness of human life to those who, taking part in the discussion, seek to bring forward arguments in support of the affirmative as well as the negative of the question.

We have thought it but just to precede with the above thought, the following communication on the subject, received from Dr. S. D. Bowker, Professor of Obstetrics in the Kansas City Hospital and College of Medicine:

On page 260 of a recent issue of the MEDICAL AGE, the above topic was referred to as having been discussed by the "Detroit Medical and Library Association," in a very unique style. It is stated that "the doctors did not agree." "Some were *inclined* to the opinion that the practitioner should not shorten life," others seemed to think that the "sacredness of property," and the "social class," were elements to be considered in deciding whether it would be proper to "kill his patient." I confess to my utter surprise, that an American city of the size and repute of Detroit, should give birth to a society of gentlemen, professing the amount of mental and moral culture supposed to inhere in the medical profession, who could possibly see more than one aspect to this subject. It argues a very unfavorable opinion of our relation to the human race, to assume that, either by neglect, or intentional rudeness, we possess the least right to cut short human life. A man fully imbued with his relation to the Creator and His works, will hardly be in doubt about his duty touching the subject discussed by the Detroit Medical and Library Association. We have no right to cease our efforts to save life, and if possible, restore our patient, as long as there is a single sign of vitality remaining. The powers of nature, aided by skillful effort, sometimes do wonderful work in the restoration of a patient supposed to be beyond help. It is by no means the wisest and most learned physician who abandons his patient while the life forces are yet in operation. The dread of having a patient die on one's hands does not equal the chagrin of restoration by the earnest application of one whose skill we would not admit to be above our own. The writer has had some very well marked and vivid experience of this sort, in that period of his life when it seemed *very wise* to declare that "there is no hope."

DIPHTHERIA SPREAD BY ADULTS.—In a paper read before the Medical Society of the County of New York, on the 22d ult. (N. Y. Medical Journal), Dr. Jacobi, who, it will be generally conceded, is not excelled as an authority on diphtheria, declared that adults and others suffering from "simple sore throats," are largely responsible for the spread of deadly diphtheria. He insists on the propagation of the disease from the germ furnished by antecedent cases, and maintains that it is as senseless to look for its cause in moist walls and sewers (except, we suppose, in so far as the latter are capable of carrying the essential germ of the disease), as it is to examine these for the cause of small-pox or scarlet fever. Preventive measures, he says, will be more effective when we look for the cause of every case of diphtheria in the nares or throats of living persons.

There is as much diphtheria out of bed as in bed; nearly as much out of doors as indoors. Many a mild case is walking the streets for weeks without caring or thinking that some of his victims have been wept over before he was quite well himself.

To condense Dr. Jacobi's paper, these would be the main points:

There is probably no spontaneous origin of diphtheria, any more than there is a spontaneous origin of cholera or scarlatina.

Diphtheria is contagious. Severe forms may beget severe or mild forms. Mild cases may beget mild or severe cases.

What has been called follicular tonsilitis is *mostly* diphtheria. It is seldom dangerous to the patient, as the tonsils have but very little lymph communication with the rest of the body. But it is contagious.

This form is frequent in the adult, in whom it loses nothing, however, of its contagiousness.

Diphtheria in the adult proves dangerous to the community mostly because it does not restrain the patient from communicating the disease.

It is apt to last long: Firstly, because most cases occur on a surface covered with pavement epithelium (tonsils); secondly, because of the constant exposure and neglect on the part of the patient. Even without it, diphtheria may last weeks and more; with it, it is subject to sudden relapses. As long as it lasts it is contagious.

As diphtheria is but a mild affection in many adults, who disregard it and frequently do not care to mention its existence, pain in swallowing and moderate malaise being the only symptoms, the question of transmission by means of clothing, etc., on the part of third persons, is capable of becoming more difficult to answer than it ever was. Many a case which has been believed to be thus carried is probably one of direct contagion from a patient to a second person, from this second to a third.

OMNE VIVUM EX VIVO.—The Lancet gives the following analysis of one of the lectures at the meeting of the British Association at Montreal, which attracted a large audience—that delivered by the Rev.

Dr. Dallinger, who took for his subject the Lowliest and Smallest Forms of Life, as revealed by the microscope. The lecturer, however, did not content himself with a consideration of the structure and functions of the lowest micro-organisms, but made his address the occasion for a review of the question of spontaneous generation. The lowliest organisms lie on the very verge and margin of the vast area of what we know as living. They possess the essential properties of life, but in their most initial state. And their numberless billions springing up every moment into existence wherever putrescence appeared, led to the question, How do they originate? Do they spring up *de novo* from the highest point on the area of the not-living which they touch? Are they, in short, the direct product of some yet unrecognised force in nature, changing the dead, the unorganised, the not-living into definite forms of life? Having thus stated the problem, Dr. Dallinger again reviewed the experiments of Tyndall, Bastian, and others. As is well known, Bastian regards vital phenomena as inherent properties of the material called protoplasm, just as magnetism is the appanage of a magnet; so that if a chemist were able exactly to imitate protoplasm by combining the various ingredients in due proportion, and under necessary conditions, the resulting mass would exhibit all the essential phenomena of life. Carried to this logical conclusion, the argument of the supporters of archebiosis amounts to this: That life can be created out of inanimate forces. The champion of spontaneous generation would say: "I can manufacture uric acid out of less complex materials; the properties of substances depend on their molecular structure and condition. Why should I not be able to make protoplasm?" He recognises no hard-and-fast line between the living and the not-living, the organic and the inorganic. The corrosive action of hydric chloride, the explosiveness of gunpowder, are merely functions of the substances bearing these names; life is a function of the substance called protoplasm. "You can manufacture gunpowder, why not protoplasm?" These are the thoughts which agitate the minds of men like Bastian, and others. However, it is not by thought, but by actual experience or experiment, that such important questions are to be solved, and the majority of scientists have decided that when experiments are carried out with requisite skill, as appears to have been done by Tyndall, no life appears in sterilised flasks containing dead matter. The law is as ever: Only the living can give rise to the living.

Some Medical Delusions.—A correspondent of the Medical Record declares the following to be delusions, and our contemporary, after a careful examination of them, declares in favor of its correspondent's views. We have numbered these delusions, so-called, and beg to take exception especially in the case of Nos. 1, 6, 13, 17, 20, and 25. We are of the belief that there are few of our readers of any considerable experience who will not agree with us in thus doing:

1. It is a delusion that veratrum viride or aconite will abort croupous pneumonia or essentially modify its course; 2, that potas. chlorate is of any use in catarrhal angina; 3, that potassium nitrate is an antipyretic, anti-rheumatic, or (to any appreciable extent) diuretic; 4, that lime-water will, in practice, dissolve a diphtheritic or croupous membrane; 5, that nitrate of silver is of any value in epilepsy; 6, that the excessive and continued use of iron induces plethora, with dizziness, flushings, and palpitations; 7, that iron should be given in phthisis; 8, that mercury is antiplastic and antiphlogistic; 9, that arsenic has any value in diabetes mellitus; 10, that potassium iodide promotes absorption of serous exudations and non-specific connective tissue in hyperplasiæ; 11, that sulphur and sulphur in baths is of any value in rheumatism; 12, that charcoal, when moist in the stomach and intestines, has any absorptive power, or is of any use in flatulence by virtue of that power; 13, that dilute acids are "cooling," *i. e.*, lower temperature and lessen heart-action in the non-febrile; 14, that colchicum is of benefit in rheumatism; 15, that drinking sulphuric acid prevents chronic lead-poisoning; 16, that iodoform given internally is anything but a poor substitute for potassium iodide; 17, that croton-chloral has a specific effect on the fifth cranial nerve; 18, that tannic acid (or the plants containing it) is of any value given internally for hæmorrhages, except perhaps those of the stomach and bowels, or, 19, that it is of any value as a gargle in chronic pharyngitis, or, 20, that it is an astringent to mucous surfaces and blood-vessels; 21, that turpentine is a stimulant to the heart and nervous system; 22, that musk is a nerve or heart stimulant (it belongs, with turpentine, to nerve depressants); 23, that ox-gall is of the slightest therapeutical utility at either end of the digestive tract; 24, that hydrocyanic acid in ordinary medicinal doses is either a local or general sedative (it is rather an irritant); 25, that quinine in either small or large doses is a stomachic tonic, except in convalescence from malarial attacks; 26, that hydriodic acid has any specific effects other than those possessed by the iodides.

Some Observations on the Bacillus of Tuberculosis.—So many methods of observation and of staining the bacillus of tuberculosis have been suggested and recommended as possessing various advantages, that a systematic investigation of their comparative merits seemed to be necessary in order to the determination of the diagnostic value of each. Such an investigation has been very thoroughly carried out by Dr. Harold C. Ernst, of Jamaica Plains, Mass., and the results are given in the October issue of the American Journal of the Medical Sciences. These results have been obtained after the expenditure of much time in the preparation of the slides, much care in the selection and compounding of the

staining reagents, and by the most careful comparison of the slides one with another.

As far as his experience goes, and Dr. Ernst has tried every method of staining that he has been able to find mentioned. Koch's and Ehrlich's methods are the only ones upon which reliance can be placed under all circumstances. With neither of them has he succeeded in finding an organism besides the bacillus of tuberculosis which would resist the decolorizing action of nitric acid, and which would not take the contrast color. Therefore, as all the others seem to be untrustworthy from a diagnostic point of view, one of these two methods, more especially that of Koch's, should be used in all investigations upon this subject. Unless one of them is used, every observer is liable to the error of mistaking other organisms for the bacillus of tuberculosis, or to the still greater one of failing to detect it in places where proper methods of manipulation make its presence very manifest.

As far as the observation of Dr. Ernst extends, the fact of the occurrence of a peculiar form of bacillus in tuberculous lesions, is an invariable one. He has never met with a case which could be considered tuberculous in which he has failed to find bacilli in larger or smaller numbers, and examinations, yielding negative results as regards the occurrence of bacilli with the special staining reaction of the bacillus of tuberculosis, have been made in a larger number of cases of sputum from other diseases than tuberculosis.

Dr. Ernst also narrates a series of inoculation experiments, which he made with great care, with pure cultures of the bacillus tuberculosis, and in all but one case, in which no result was obtained, the characteristic bacilli were found, thus constituting confirmatory evidence of the specific nature of the bacillus tuberculosis.

New Treatment of Strangulated Hæmorrhoids.—M. Charles Monod has written to the Gazette des Hopitaux, an article on a new treatment of strangulated hæmorrhoids which he has put in practice with the greatest success. This treatment consists in forcibly dilating the anus, as in case of fissure. M. Verneuil had already recommended this method for the cure of simple piles, and has been followed by most of the young surgeons, who have entirely abandoned every other treatment. To effect the dilatation M. Verneuil employed specula of different dimensions, and only in the case, as has been just stated, of the ordinary condition of hæmorrhoids. On the contrary, he says that "when the piles are the seat of sphacelus he always waited until the complication disappeared." M. Monod, who has imitated M. Verneuil with the best results in those simple cases, goes still farther, and instead of regarding strangulation as a counter-indication to the operation, considers that this fact renders it the more necessary. He cites a case in point. He was called by one of his *confrères* to see a gentleman who had been suffering excruciating agony for two days from strangulated piles, and on whom ice fomentations, narcotics *intus* and *extra* were tried without effect. Local examination showed no more than is ordinary in such cases—a ring of tumefied external hæmorrhoids, with a dark spot in the centre, announcing the commencement of sphacelus. The least touch was painful, and the patient demanded relief at any price. Partisan of the treatment of hæmorrhoids in general by debilitation, he thought that he would be doing right in employing it in the present case, knowing that by suppressing the general action of the sphincter the pain would cease. Accordingly, the patient was put under the influence of chloroform, and the hæmorrhoidal tumors reduced, and M. Monod largely dilated the anus with his fingers. A few minutes afterwards the patient awoke free from all pain, and in a few days he had the satisfaction of not only feeling that the strangulation had entirely disappeared, but that he was for ever quit of his piles. This case of Monod's proves that the hand dilates just as well as the speculum, and consequently the operation is reduced to its simplest expression.

Vicarious Menstruation (?) from an Ovariotomy Scar.—Dr. Theodore A. McGraw, of Detroit, reports in the American Journal of Obstetrics for September, a case in which a young lady on whom he had performed an ovariotomy seven years previously (she being then twelve years of age) consulted him for relief from a monthly discharge from the wound of the operation. On a consideration of the case the following hypotheses suggested themselves to the doctor's mind to account for the discharge :

1. Of simple vicarious menstruation, the general vascular tension finding relief at that point instead of the lungs, stomach, nose, or other organs.

2. Accepting Lawson Tait's theory of the part played by the Fallopian tubes in causing menstruation, there might have been left through the scar a minute orifice communicating with the remains of the right Fallopian tube, through which the blood oozed.

3. The scar, though imperforate, might get its nutriment from the ovarian or uterine arteries, in which case it might participate in the general congestion of the parts supplied by those vessels.

4. The traction exerted on the scar by the turgid and heavy uterus at the monthly periods might cause irritation and hemorrhage.

He excised the scar to the depth of half an inch, and brought the raw surfaces together by sutures. The wound did not heal by first intention, and it required a month for it to fill up by granulations. Microscopical examination revealed nothing but cicatricial tissue. Since the healing of the wound made by the removal of the scar six months have elapsed, but although menstruation has been regular there has been no further hæmorrhage from the abdominal surface at such times.

THE MODERN VIA AD ASTRA—(A Medical Fable).—A modern Æsop has appeared in the Boston Medical and Surgical Journal: Once upon a time a poor, humane physician was riding along a road which led by a dark forest, when he saw by the wayside a sick and miserable dog which had laid down to die. Moved with pity he got down from his carriage, picked up the poor animal tenderly, and gave it some food and drink. Suddenly the dog vanished, and he saw standing before him a beautiful fairy.

"You have saved me from a miserable doom by your compassion," she said. "Command now anything you wish and it shall be yours."

The astonished physician replied, "I am a poor man, I should like to be rich."

The fairy waved her wand, and extended to him a piece of paper and a bottle filled with a dark colored liquid. "Here," she said, "is a prescription for an infallible Compound Hair-Restorer. It will never fail, and it has been endorsed by the leading clergymen on both continents. The world is yours! Do you wish more?"

"I am a quiet man," replied the doctor, "and little known. I should like to be famous."

"You shall be more; you shall be immortal." Waving her wand again, she presented to him a small, dark, and curiously shaped instrument. "See," she exclaimed, "it is a new and an 'Unquestionably Perfect Pessary.' It radically restores every malposition. Your name is blown into the the side. Generations of suffering women and successful doctors will read, and bless you. I have tried it myself," she added, blushing a little, and vanished.

IS THE RECTUM A PASSAGE-WAY OR A STOREHOUSE?—Dr. Bodenhamer, in an article in the Medical Record, of the 20th ult., combats the now generally accepted view that the rectum is a mere passage way for fæces, and not a receptacle for their accumulation, the sigmoid flexure of the colon being the point at which they gather. He finds in the shape of the rectum (which is not *straight* as its name would imply), in its muscular walls and in their nervous supply, arguments in support of his position, which is, furthermore, fortified by numerous observations, both on the living and on the dead subjects, in which he failed to discover a rectum which did not contain a certain amount of fæces. To strengthen the theory that the colon is the fæcal receptacle, it has been claimed that there exists a sphincter between the colon and the rectum, which prevents the involuntary escape of the contents of the former. Dr. Bodenhamer denies the existence of this sphincter and maintains that the parietes of the rectum at the point referred to are no more contracted than other portions of the intestines in which no sphincter is claimed to exist. While it is true that the fæces are detained longer in the colon than in any other section of the intestines, the detention is due to the peculiar form, direction and position of the sigmoid flexure, and not to the existence of a sphincter. Dr. B. argues, furthermore, that if the rectum had been intended merely as a passage-way nature would, probably, have transferred the sphincter and muscle to the upper end, and thus have it stand guard at the exit of the colon instead of at that of the rectum.

OPERATIVE TREATMENT OF PULMONARY CAVITIES.—DR. E. BULL, of Christiana, in a paper read at the late meeting of the International Medical Congress, (Brit. Med. Jour., Medical News), laid down the following propositions:

1. Abscesses of the lung, which can be diagnosticated with certainty, and are so situated that they can be opened through the chest-wall, should be treated in the same way as pleural empyema. 2. The condition is the same with regard to limited gangrene of the lung. If several gangrenous foci exist, each one must be treated separately. 3. Echinococci, and 4, foreign bodies in the lung are to be treated in a similar manner. 5. In bronchiectasis the formation of a pulmonary fistula is indicated only when the accumulation of stagnant matter in large cavities essentially contributes to the deterioration of the patient's condition. 6. In rare cases of tuberculosis, where a large cavity is the predominating condition, the cavity may be laid open with the view of improving the condition of the patient. 7. The operative puncture of a pulmonary fistula is justifiable as a palliative measure. 8. In cases where diagnosis cannot be arrived at, exploratory puncture is certainly of much value; positive as well as negative results may be derived from it. 9. Adhesion of the layers of the pleura ought not to be insisted on as an absolutely necessary preliminary to the opening of pulmonary cavities. 10. Amyloid degeneration is not an absolute contraindication to a palliative operation. 11. The use of the thermocautery is to be recommended both for the opening of cavities, and for the destruction of diseased portions of lung-tissue.

INSTEAD OF CREMATION.—The numerous objections raised against cremation as a sanitary mode of disposing of human bodies have apparently aroused a desire to discover some equally secure plan of sepulture, but which shall be at the same time free from the faults associated with burial by burning. The latest suggestion in this direction is made by Mr. Thomas Bayley (Medical Press and Circular), who embodies his idea in a paper entitled, "A Method of Treating Human Bodies, for the Prevention of Putrefactive Changes," read at the Social Science Congress. Mr. Bayley's plan is to expose the bodies, loosely wrapped in cotton wool, on the shelves in subterraneous galleries to the desiccating influence of cold dried air, and simltaneous removal of aqueous vapor by means of calcium chloride or other dehydrating substance. The bodies thus dried might, Mr. Bayley considers, be preserved indefi-

nitely, but he recommends that, after the lapse of a time sufficient to insure the discovery of any suspected crime committed on the body during life, final cremation of the remains should be resorted to, and further, in connection with each hydratorium, which is the name suggested for the establishment where the new process would be carried on, there might be established refrigerating mortuary chambers for the reception of bodies awaiting inquest. The effluent air from the drying chambers would be passed through furnaces and then into the sewers, or by means of a stack into the upper regions of the atmosphere.

PREVENTION OF OPHTHALMIA NEONATORUM.—One of the greatest blessings which medical art of late has conferred on mankind is the preventive treatment of the blennorrhœa of the eyes of newborn children. In the October number of the American Journal of the Medical Sciences, Dr. Henry J. Garrigues calls attention to the value of Crede's method of treatment, which, in brief, consists in washing the outer surface of the eyelids with plain water, separating them slightly and letting a single drop of a two-per-cent. solution of nitrate of silver fall from a glass rod on the cornea. No after-treatment is used.

In 1882 Garrigues introduced Crede's treatment into his service at the New York maternity hospital, since which time 351 children have been thus treated and not a single one was affected. He makes this application immediately after the cord has been severed, which is not done until the pulsation in it has ceased. During the subsequent ablution great care is taken that no foreign subtance enters the eye.

The results in lying-in hospitals by this method are so striking that there cannot be any doubt about the advisability, nay, the duty of adopting it in all such institutions.

GREEN STRAMONIUM LEAVES IN PAINFUL JOINT AFFECTIONS.—Dr. Hal C. Wyman, of Detroit, reports in the Medical Record, that he has found the topical application of fresh stramonium leaves to excel all other treatment heretofore employed by him for the relief of the pain of joint disease, of whatever nature. The application is also valuable, he claims, as an antiphlogistic in acute arthritis. It is his custom to keep the painful joint enveloped in the leaves for a period of twenty-four hours, when fresh leaves are to be applied. Sometimes he bruises the leaves in a mortar, and applies them in the form of a paste, although he has not been able to discover any special advantage from this form of their application. The leaves, properly applied shut out the air and prevent surface evaporation. Profuse perspiration from the skin over the joint follows, and the pain and swelling usually vanish. The great drawback to this treatment lies in the fact that it can be carried out only in the season during which stramonium is green, and in sections in which the plant grows.

CORROSIVE SUBLIMATE IN VENEREAL WARTS.—A correspondent writes us that having been advised to apply a solution of one grain to the ounce of corrosive sublimate, to a case of venereal warts which came under his care, he found after the application that through a mistake a solution of ten grains to the ounce was applied. The result was so satisfactory that he determined to still further increase the strength, and on his next case he made the solution of the strength of twenty grains to the ounce, with excellent results. He now also applies this solution to chancres and chancroids, and also to indolent ulcers of the uterus, and is highly satisfied with the results. He has never witnessed the slightest symptoms of mercurial poisoning from this treatment, and does not believe that the application of corrosive sublimate in this strength is liable to be followed by absorption.

The published reports of the movements of Dr. John V. Shoemaker of the Medical Bulletin, during his recent tour of Europe, whither he went to represent the American Medical Association at the meeting of the International Medical Congress, at Copenhagen, show the reception which that gentleman received to have been of a nature seldom accorded an untitled American physician. At London, Glasgow, Edinburgh, Vienna, Berlin and Paris, he was the recipient of special and marked hospitality from the leaders in medical science, being even wined and fêted, in addition to the spurs which he won in scientific gatherings. Nor did the attention and honors terminate with his European tour. The reports of his triumphs abroad, promptly flashed over the sub-oceanic cable, having preceded his return, he was received on his arrival at his native city in a manner quite in keeping with his foreign honors. The reception and banquet given him were remarkable for their spontaneous cordiality and costly grandeur, even in Philadelphia, where the profession are such adepts in that sort of thing. We congratulate Dr. Shoemaker on his having secured this early generous recognition of his merits. Without college connection or professional appendix to his name, he has, at an age when most men are content to remain obscure, won for himself a fame for which most men toil and moil in vain for a lifetime. While the foreign honors were, doubtless, partially due to his representative capacity, it must be gratifying to him to know that he received also great attention because of the reputation which had preceded him. Dr. Shoemaker has been in practice barely a decade, and it is hoped that these early honors and spontaneous attentions will not divert his mind from the lofty purpose of showing that they have not been unmerited. We are surprised to see the attempt on the part of such a shrewd and sensible journal as

the Peoria Medical Monthly to belittle the honors conferred on Dr. Shoemaker, by insinuating that they were not spontaneous. Has our friend McIlvaine grown jealous?

The Medical Record is opposed to the creation of the proposed "Samuel D. Gross Professorship of Pathological Anatomy" in the Jefferson Medical College,—at the expense of the medical profession. It takes the ground that a monument to the memory of the great surgeon should not be erected in any private school, for whose direct benefit it would, indeed, be. If such private school desires thus to honor the teacher whose labors contributed to its prosperity and reputation, it should do so at its own expense. For it to ask the profession, under any plea soever, to thus directly contribute to its finances will, we think, strike the majority of unprejudiced practitioners as a somewhat peculiar piece of assurance. While our contemporary's views have been generally echoed by the medical press who have given any expression on the subject, they found a fierce opponent in the Chicago Medical Journal and Examiner for September. The language in which it replied to the Record's position was not only not elegant, but it was also a virulent attack on its New York contemporary, in which it dragged in much irrelevant matter. We are pleased to note in its October number that the editor was not responsible for this unseemly exhibition. He was off on his vacation at the time, and had left the office in charge of an impetuous young man to whose age and inexperience (misfortunes, not crimes) may be attributed the blunder, for which the editor makes a very handsome apology. We were pained to see the Record take any notice of the attack but it, doubtless, did so under the impression that the editor was the guilty man. It will now, we have no doubt, be sorry that it for a moment suspected its Chicago contemporary. The moral of this whole matter is, that while vacations are eminently proper things, editors when taking them should have a regard to the substitutes who fill their chairs during their absence.

A contributor to the Medical Brief states that he and four other doctors have cut out of an intelligent patient 823 needles, pins, fish-hooks, and pieces of wire. Miss Lydia Stokes, of Landersville, Lawrence county, Alabama, is this wonderful lady, whose case becomes more wonderful when it is stated, on the lady's own authority, that she neither swallows these needles, pins, fish-hooks and pieces of iron, nor sticks them into herself. In view of this statement this doctor contributor wants some brother to venture an explanation of how this assortment of hardware gets into the body. That's easy. It must be apparent to the merest tyro that, through a perversion of nervous energy, the iron in the blood of this intelligent patient is forged into these different shapes. In the case of the pieces of iron without definite shape, this energy ceased to act during the process of manufacture. Our esteemed contemporary, Gaillard's Medical Journal, being afflicted with the skeptical spirit of the scientist, ventures no explanation, but dismisses the yarn with the statement that "with such credulity in remembrance, it is scarcely astonishing that the Medical Brief has a large circulation." This is cruel.

The Cartwright prize of the Alumni Association of the College of Physicians and Surgeons of New York, consists of $500, and is awarded to the writer of the best medical essay on any subject which he may select. Competitors are not limited to the alumni of the College of Physicians and Surgeons, but the prize is open to the alumni of any medical college. To be worthy of a prize the essay must embody the results of original investigation, and the prize will not be awarded to any competitor unless his effort is meritorious. Dr. R. W. Amidon, 18 W. 21st St., New York city, is chairman of the committee of award, and competing essays must be in his hands before April 1, 1885. They must be each marked with a device or motto and accompanied by a sealed envelope containing the duplicate of this device or motto, and the name and address of the writer.

The N. Y. Medical Journal, of the 4th inst., is a "students' number," giving "as much information as space will allow concerning the non-sectarian medical schools of the United States and Canada." While the profession of this State will join in commendation of our contemporary's enterprise, a certain portion thereof will wonder what has become of the two non-sectarian medical schools, in the possession of which the State once rejoiced, but of which the Journal makes no mention. It is hoped that outsiders will not labor under the delusion that the cause of medical education in our progressive commonwealth is furthered by only one medical school. We have three non-sectarian medical schools, and one sectarian, engaged in this great work, our enterprising eastern contemporary to the contrary notwithstanding.

The Eclectic Medical Journal revives the question, Had Adam an Umbilicus? Certain old painters, it says, have represented our great paternal progenitor with a navel clearly defined. But when it is remembered that a navel presupposes an umbilical cord, an umbilical cord a placenta, and a placenta a female, it becomes very apparent either that the o. p. referred to made an egregious blunder, or, that discrediting the traditional story of our origin, they deliberately gave in their pictures, evidence of their belief in the theory of some ancient Darwin. Although the question of the Adamic umbilicus is not of much contemporaneous interest, there is reason to fear that its unfortunate revival may elicit such a volume of speculation as may make us even wish that the reviver had had his umbilicus disorganized when it was in its pre natal stage.

Eureka! It has at last been discovered—the long-hoped-for, devoutly-prayed-for, ardently-sought-for

specific for gleet! The Mississippi Valley Medical Monthly (a journal whose reputation for veracity stands high), declares this specific to be pinus Canadensis. "Its action," it says, "is prompt and permanent." Gleet, persistent cases of it, at least, it will be remembered, is generally due to a slight urethral stricture, the result of gonorrhœa. The pinus Canadensis, of course, dilates, and causes absorption of the stricture. Will our contemporary please inform the profession how the P. Canadensis is employed to do this? Is it made into a bougie and then made to dilate the stricture? And is it given internally, and thus through some occult alterative action, made to cause absorption? Inasmuch as this claim for P. Canadensis is made editorially, it is, of course, not done to advertise anybody's preparation. The fact that a special preparation is advertised in our contemporary is a mere coincidence.

Dr. S. Weir Mitchell's conception of the good nurse is not the woman who is merely educated in the technical work of her calling—the "trained nurse" of whom we have lately been hearing so much. "I have seen," he says, "an utterly untrained woman, of good brain and tact, win successes which are sometimes denied to the best educated nurses, who lacked those ever-needed qualities, which no training and no length of experience will give to some women." Nurses, like poets, are *nascitur non fit*, and it is one of the evils of our training-schools that they give their diplomas to graduates on the strength of mere proficiency in the technical knowledge of the vocation which they have chosen.

The editor of the Quarterly Epitome, collateral to Braithwaite's Retrospect, says of a contributor who has favored the AGE with occasional contributions during the present volume, that "though an 'Old Practitioner,' he is not an 'old fogy,' evidently." Our readers will heartily endorse this sentiment, and it gives us pleasure to state that our venerable friend, in a note accompanying the MS. of his article which will appear in our next, has given us his promise to contribute further articles in the near future. It would delight us very much to have him consent to the publication of his name in connection with his articles. His modesty, however, constrains him to insist in the maintainance of his *non de plume*.

Dr. Wm. A. Hammond, the alienist and neurologist, is about to devote a considerable portion of his future time to the authorship of works of fiction. He has declared that he would rather be distinguished as an author than as a doctor, and a contemporary (the N. Y. Medical Journal) encourages him in his ambition by wickedly suggesting that he has given abundant evidence, in his medical writings, of his capacity for drawing on his imagination. The doctor must not complain if in his desertion of his old love, votaries at the same shrine send after him an occasional Parthian arrow.

A Parisian paper states that in a certain French town in close proximity to the cholera-infected district, an ingenious and prominent gentleman conceived the idea of besmearing his moustache with carbolic acid, in the hope that Koch's deadly microbe might thus be intercepted and paralyzed on his way to the seat of his deadly work. The idea soon found favor, and in a short time every moustache in the town exhaled the sweet phenic aroma, and in the case of the unfortunate young men whom nature had not yet blessed with the attachment, artificial moustaches were worn and properly anointed. Whether the epidemic of moustaches prevented the epidemic of cholera, it would perhaps be difficult to say, but at all events, the more deadly epidemic did not appear.

A hysterical female sends for her physician at 2 A. M., with a message that she is dying. It is raining cats and dogs, but the man of medicine does not stand on the order of his going. Arrived at the bedside he makes a hasty examination, and, with much simulated agitation, he advises that the clergyman and the lawyer be also sent for. The patient now becomes really alarmed, and wants to know whether she is really about to depart. "Oh, doctor! can't you save me? Am I really going to die?" "No, madam," returns the disgusted doctor, "I don't think you are to die for several years yet." "Then why send for the clergyman and the lawyer?" "Well, I don't know of any reason why you should especially pick out your doctor, to make a fool of him." Tableau.

The fact that U. S. Consul Frank H. Mason, remains at his post during the cholera epidemic at Marseilles, has called from the State Department at Washington. a highly eulogistic notice of his bravery. It, would, perhaps, not have been cowardly for him to have deserted his post under the circumstances, but he recives a very flattering mention for being a passive spectator of the ravages of an unseen foe, while the medical man enters into the thick of the fight, and risks his life in saving others, without receiving more than the slightest passing notice of his bravery! Queer world, this.

Of the 90,000 (estimated) physicians in active practice in this country and Canada, only 8,300 are over sixty years of age. Is the practice of medicine fatal to longevity, or are the fathers in Israel enjoying the *otium cum dignitate*, having been able to place themselves beyond the necessity of further efforts before they have reached the three score post? Or is it because in the fierce struggle for existence in an overcrowded profession, the older men are driven into other vocations for a livelihood?

During twenty-five years Professor Karl Braun of Vienna, attended and personally superintended 100,000 labors in the various lying in hospitals under his care. This number would give him an average of about twelve cases a day—an experience probably unequaled in the annals of midwifery. Since 1877

he has performed Cæsarian section with hysterectotomy—Porro's operation—twelve times, and since 1877 he has had 100 laparotomies.

The qualifications of a member of the Board of Health in Cincinnati, are that the appointee shall have been before the police court nine times in six years. This at least is the record as given by the Lancet and Clinic, of that city, of a member recently appointed. If he had other qualifications they were not stated. The reformatory influence of the late riot in the "Paris of America" has manifestly not extended to its sanitary system.

An exchange reports the conversation between two ladies, on the subject of the late war. One of them was quite indignant over the fact that Mr. Jefferson Davis is disfranchised. "Disfranchised! did you say?" exclaimed the other. "How long has he been disfranchised?" "Why, ever since the war." "Well, now, I never heard that before, and don't understand how it can be. I am sure Mrs. Davis has had one or two children since the war."

The following editorial on medical colleges, from the Journal of the American Medical Association, of 27th ult., will be read with interest: "During the week just closing, all the regular medical colleges in this city (Chicago), have opened their annual courses of instruction; and the same is true of nearly all the medical schools in this country."

An exchange reports the case of a widow who shot herself in the oil region, the other day. Inasmuch as no further particulars are given, we are at a loss to know whether this is a vital part of a widow's anatomy.

Punch tells of a lady who declared of her physician that she did not think so much about his ability, but that he had a very good bedside manner.

A St. Louis doctor is said to have discovered a new force in man. He calls it the testicle force.

New Books.—The summer, during which the heat put reading quite out of the question, being now past, and the longer and cooler days being now upon us, our medical publishers are once more active. Besides the usual new editions of the older books which are called for, there are several new publications announced in which the profession will be much interested. The following have been placed on our table, and they will receive that fuller notice which they may severally merit, in future issues of the Age; they are an unusually attractive lot.

A Text-Book on Practical Medicine. Designed for the Use of Students and Practitioners of Medicine. By Alfred L. Loomis, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of New York; Visiting Physician to Bellevue Hospital, etc. With two hundred and eleven illustrations.
New York: William Wood & Co.
Detroit: John MacFarlane.

A Practical Treatise on Diseases of Children. By Eustace Smith, M. D., F. R. C. S., Physician to his Majesty the King of the Belgians; Physician to the East London Children's Hospital, and to the Victoria Park Hospital for Diseases of the Chest.
New York: William Wood & Co.
Detroit: John MacFarlane.

Malaria and Malarial Diseases. By George M. Sternberg, M. D., F. R. M. S., Major and Surgeon U. S. Army; Member of the Biological Society of Washington; Late Member of the Havana Yellow Fever Commiision of the National Board of Health; Corresponding Member of the Epidemiological Society of London, etc.

Manual of Diseases of the Throat and Nose, Including the Pharynx, Larynx, Trachea, Œsophagus, Nose and Naso-Pharynx. By Morell Mackenzie, M. D., Lond., Consulting Physician to the Hospital for Diseases of the Throat; Lecturer on Diseases of the Throat at the London Hospital Medical College; and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. Vol. II. Diseases of the Œsophagus Nose, and Naso-Pharynx.

A Text Book of Pathological Anatomy and Pathogenesis. By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and Edited for English Students, by Donald MacAlister, M. A., M. B., M. R. C. P.; Fellow and Medical Lecturer of St. John's College, Cambridge. Part. II. Special Pathological Anatomy. Sections I-VIII.

The three books last mentioned constitute the July, August and September numbers, respectively, of Wood's Library of Standard Medical Authors for 1884.

A Manual of Obstetrics. By Edward L. Patridge, M. D., Professor of Obstetrics New York Post-Graduate Medical School; Instructor in Obstetrics, College of Physicians and Surgeons, New York; Visiting Physician to Maternity Hospital, etc., etc.
New Cork: Wm. Wood & Co.
Detroit: John MacFarlane.

Mackenzie on the Throat and Nose. Including the Pharynx, Larynx, Trachea, Œsophagus, Nasal Cavities, Naso-Pharynx, etc. By Morell Mackenzie, M. D., London; Consulting, late Senior Physician to the Hospital for Diseases of the Chest and Throat; Lecturer on Diseases of the Throat at London Hospital Medical College. Author's Edition, issued under his supervision, containing all the original wood engravings, and the essay on "Diphtheria; Its Causes, Nature, and Treatment," formerly published separately. The two volumes, cloth, $6.00; leather, $7.50. or each volume sold separately, as below: Vol. I. Including the Pharynx, Larynx, Trachea, etc. 112 illustrations Octavo; cloth, $4.00; leather, $5.000. Vol. II. Diseases of the Œsophagus, Nose, Naso-Pharonx, etc. With many illustrations. Just ready: octavo; cloth, $3.00; leather. $4.00.
Philadelphia: P. Blakiston, Son & Co., 1011 Walnut St.
Detroit: J. MacFarlane.

Handbook of the Diagnosis and Treatment of Skin Diseases. By Arthur Van Harlnigen, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine, Consulting Physician to the Dispensary for Skin Diseases, Philadelphia, etc. etc. With two colored plates.
Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane.

The Ear: Its Anatomy, Physiology, and Diseases. A Practical Treatise for the use of Medical Students. By Charles H. Burnett, A. M., M. D., Professor of Otology in the Philadelphia Polyclinic and College for Graduates in Medicine; Consulting Aurist to the Philadelphia Institu-

tion for the Deaf and Dumb; Aural Surgeon to the Presbyterian Hospital, Philadelphia; President of the American Otological Association. With one hundred and seven Illustrations. Second edition, revised and re-written.
Philadelphia: Henry C. Lea's Son & Co.
. Detroit: Phillips & Hunt.

PRACTICAL MANUAL OF DISEASES OF WOMEN AND UTERINE Therapeutics, for Students and Practitioners. By H. MacNaughton Jones, M. D., M. C. H, F. R C. S. I. & E.; Fxaminer in Obstetrics, Royal University of Ireland; Formerly Professor of Obstetrics in the Queen's University, Ireland, etc. etc.
New York: D. Appleton & Co.
Detroit: Phillips & Hunt.

LOCK-JAW IN INFANTS (TRISMUS NASCENTIUM) OR NINE-DAY Fits, Crying. Spasms, etc. Its History, Cause, Prevention, and Cure, By J. F. Hartigan, M. D., Washington, D. C., Member of the American Medical Association.
New York: Bermingham & Co., 28 Union Square.

Corrosive Sublimate Dressings.

BY JNO. BOICE, M. D., SURGEON TO ST. MARY'S HOSPITAL, DETROIT, MICH.

Having had such success with sublimate dressings for the past two years, a report of four or five consecutive amputations, during the hottest part of last summer, may be of some interest.

On the 16th of June I amputated the thigh of Miss C. P., a German girl 19 years of age, who had been suffering with chronic inflammation of the knee joint for eleven years. I used sublimated silk ligatures, rubber drainage tubes and sublimated catgut sutures, dressing the stump with sublimated gauze and jute. The next morning her temperature was 99°. She had suffered very much all night from nausea, caused by the anæsthetic, and was very nervous and excited over the loss of her leg.

On the 18th her temperature was 99.4°, and the following morning normal, where it remained until she was discharged. On the seventh day I opened the dressings and found the stump almost entirely healed by first intention. I removed the drainage tube and re-dressed it as before. On July 8th, twenty-one days after operation, she was discharged with the stump entirely healed.

On July 26th I amputated the thigh of Mr. A. C., in the lower third. This patient was 23 years of age, and four months previously had had an operation for excision of the knee joint performed, which was unsuccessful.

I used silk ligatures on the femoral artery and vein, and catgut for the remaining bleeding points. I was obliged to pass ligatures around large masses of the muscular tissue in order to stop the hemorrhage, the muscles being in such a flabby condition. I used decalcified bone drainage tubes and catgut sutures. The dressings were sublimated gauze and jute, with a layer of sublimated absorbent cotton over all. The next morning his temperature was 99.8°, and on the following day 99.6°. On the 29th his appetite began to improve and his temperature had gone down to 99°, where it remained. He was discharged August 16th, exactly three weeks after operation, with the stump entirely healed.

On Saturday, August 2d, Mr. A. D. S., 39 years of age, came to my clinic, in St. Mary's Hospital, and requested me to amputate the second finger of his right hand. As it was stiff and continually in the way, it was very frequently injured, so often that the man was very anxious to have it removed. I amputated the finger in the first phalanx. The sutures, and one ligature which I was obliged to use, were of catgut, and the usual sublimated dressings were applied. The following Saturday he returned, saying he wished I would change the dressings, they were so much soiled. On removing them I found the stump entirely healed by first intention, and needed no further dressing of any kind.

About the middle of June Mr. W. McD., age 25 years, came under my care. A year before he had met with a railway accident, by which he lost a portion of the outside of his left foot, including two toes, and leaving a large ulcer on the sole, which remained unhealed. After about two months of earnest endeavor on my part to cause the ulcer to heal, he made up his mind it would never be accomplished by any kind of treatment and consented to an operation. Aug. 9th I amputated the leg at the junction of the middle and upper thirds, using silk ligatures and catgut sutures, with bone drainage tubes. The sublimated dressings were used as in previous cases.

Aug. 10th his temperature was 99°, and as there had been considerable oozing which had come through the dressings, I covered them over with fresh jute and absorbent cotton.

Aug. 11th his temperature was 102°, and as the fresh dressings, applied the day before, were already saturated, I made up my mind I had missed some bleeding point and would have to open up the stump. I removed the dressings and the sutures, and found the edges of the wound firmly united. With a 1 to 1000 solution of corrosive sublimate, I washed out the cavity through a drainage tube, when the hemorrhage entirely ceased. Notwithstanding I used all the force I could with a Davidson syringe, to see if I could break through the line of union already established, I did not succeed. I applied fresh sublimated dressings, and had no further trouble, his temperature going down to 98.5° in a couple of days, and remaining at that point. He was discharged Aug. 30th, twenty-one days after operation, with a small point where the ligatures had been brought out of the wound, not completely healed.

Aug. 12th I amputated the thigh of J. S., an Irishman, 36 years of age. He had been suffering from chronic inflammation of the knee joint for twelve years. There was a sinus leading into the joint and discharging profusely. I used silk ligatures on the femoral artery, and vein and catgut on the other bloodvessels and for sutures. The drainage tubes were of decalcified bone and the dressings were the same as in the previous cases. On the 13th and 14th his temperature was normal and his appe-

tite good. On the 15th his temperature was 99°, and on the 16th, 102.2°. I found he was suffering severely from cystitis, and put him upon appropriate treatment. The next morning (17th) his temperature was 99°, and on the 18th, his cystitis being much better and his temperature 99.2°, I took off the dressings and applied fresh ones. On the 19th his temperature was 98.5 and did not afterwards rise above that point. On the 22d I found him up and out in the yard and as the dressings were very loose I removed them. On examination I found a portion of the upper flaps, about half an inch wide and two inches long, very black and dry, and hard like sole leather. I cut away this portion after removing the sutures, and applied adhesive straps. As soon as I had left he was out of the room again, notwithstanding my strict orders to him not to move out of his bed on any account. Sept. 2d he was out riding on the street cars, and on the 5th was all day on the river on an excursion. On the 8th he left the city and was away three or four days, and has been so hard to find ever since that I have him come to my office whenever the dressings become loose. At this date (Oct. 4th) the wound is almost, but not quite, healed.

Treatment of Lung Tubercle by Carbolic Acid Inhalation.

GENTLEMEN: In dealing with the subject of the treatment of lung tubercle, it is not my intention to go into details concerning all the modes of treating that disease which are in general use. To do that would require much more time than we have at our disposal , and, indeed, I much doubt whether any attempt of the kind would be really useful. The history of the treatment of consumption, remarkable though it is in many respects, does not, I think, strike one who studies it as being the record of a great triumph of medical science over disease. The fact that many different remedies are now employed in the effort to combat this disease proves, that no one remedy can be implicitly relied upon for good results in all cases. It falls to the lot of medical men, in their every-day work, to make many curious experiences ; and amongst these experiences there are some unpleasant ones. Everyone who practices medicine will certainly make two unpleasant experiences before he has been long engaged in the treatment of disease. It will often happen to each one of us to stand by the bedside of some poor sufferer, whose very look, whose very word, speaks eloquently of the hopeful trust he has placed in the skill of the man to whom he has turned for help in his time of sore need. How sad and how bitter it is, in such a case, for the physician to find that, beyond the shadow of a doubt, medical science can do nothing to turn death away from his patient ! The knowledge that the conditions are few in which, even in the most desperate cases, suffering cannot be lessened, and the way to death made easier by the use of remedies, does not bring very much consolation with it to the physician. There is bitterness enough for us in such an experience as that, without, as now and then happens, the additional sting of hearing, after the case has ended, that certain of the patient's friends had felt sure that had Dr. So-and-so been consulted things might have turned out very differently for the sick man; that is one of two unpleasant experiences certain to happen to us all. It will also certainly happen to us all to receive the expression of the heartfelt gratitude of a patient, who tells us that he owes his life to our efforts, and that, but for our able treatment of his case, he would have been lost to those who are nearest and dearest to him; and while our patient is pouring out his eager thanks, a horrible thought may arise in us, and we may be obliged to confess to ourselves and to him, that we have very good grounds for doubting whether our interference in his case has been of so high a value as he believes it to have been. Now, I think that those of us who are often asked to direct the treatment of consumption, are especially apt to suffer both of these painful experiences, and I do not know which of the two is the more distressing.

It is important to bear in mind that the progress of consumption is rarely one of rapid decline. In the majority of instances lung tubercle progresses by leaps and bounds, interspersed with frequent, and sometimes prolonged, periods of apparent arrest of the disease. That fact must never be forgotten when one is endeavoring to estimate the value of any given line of treatment. Until we can point to a long series of cases where permanent arrest of the disease has practically always followed the use of certain remedies, the most that we are entitled to say of any treatment of lung tubercle is that its use is often followed by improvement in the patient's condition. That that improvement is occasionally the beginning of the permanent arrest of the disease, and of the consequent restoration of the patient to health, is a matter within the experience of everyone who has seen much of lung tubercle. But if, in such a happy event, we attempt to make an estimate of the value of the treatment we have used, we are at once confronted with the fact, that in very many cases no good whatever—or practically none—has resulted from this same treatment ; and also that failure, so far as permanent arrest of the disease is concerned, has, in the majority of cases, followed the use of the treatment under consideration. Let us suppose that we send a hundred patients abroad to spend the winter in a mountain climate, having previously detected in their expectoration the bacillus of tubercle. We select these persons with due regard to those conditions of disease which, it is said, ought to mark cases as being of the type most likely to benefit from a residence in such a climate. Well, of the hundred a considerable majority will return to England distinctly the better for their trip to the mountains. Amongst the majority will be found a few who, judged by their appearance, are literally "pictures of good health." We shall

probably see amongst them a young man who left home pale, emaciated, feeble, tormented by a constant cough, distressed by profuse night sweats, and who, it may be, had suffered from the effects of lung hæmorrhage, more or less severely. Instead of the emaciated frame, the pale face, and the stooping shoulders, which characterized this young man's appearance before he left home, we see a sun-browned face, an erect and seemingly vigorous frame, and we have the pleasure of hearing that our patient seldom or perhaps practically never coughs, and that night-sweats and blood-spitting have long since ceased to trouble him. Fortunately it does occasionally happen that such a patient seems to be permanently cured, and an examination of his chest shows us that the evidences of active disease have disappeared. But in the majority of such hopeful-looking cases we find, on examination, that in spite of the great and strikingly evident improvement in our patient's appearance, the cavity which he had in one of his lungs when he left home is not healing, and it may even be larger than it was when we last saw him. In short, though his general health has benefited vastly, new colonies of bacilli have made fresh lodgments in his lungs. The meaning of all this is that our patient's disease has passed into a condition of comparative quiescence, owing, most probably in great part, to the good effects of the climate he has just lest. But then, such good results are by no means very common amongst those who spend a winter amongst the mountains. The benefit, as a rule, is less marked, and, even at the best, is too apt to be but temporary. Nor are such benefits to be obtained only from residence at a mountain station. Egypt, Algiers, and many other parts of the Mediterranean littoral, not to speak of Australia, the Cape colony, parts of America, and many other places, can show as good "cures" as can any mountain station. Our own English health resorts are, also, by no means without similar records—a fact which, it seems to me, is in some danger of being too much overlooked in the present day. The most that can be said in favor of any health resort is, that a majority of the consumptives who frequent it benefit in health as a consequence, and that in many cases the downward course of the disease is retarded. But I submit that we have no proof that permanent cure of lung tubercle is ever wholly owing to climate influence. A large majority of those who are affected with lung tubercle die of that disease whether they go to health resorts or not; and I do not know that it would be very wide of the truth to say that many of those who go abroad, in the hope of being cured, would do quite as well at home, where they would be amongst friends who would take care of them, and where they would be spared the pain of separation from the home life and all its comforts. In saying this I am not forgetful of what has been said about the importance of carefully selecting cases before recommending to them residence abroad.

It is a fact which I know could, if necessary, be vouched for by several of my colleagues in this hospital, that apparent recovery from lung tubercle is not unknown in our practice here; and that the cases are not few where years have passed between the first appearance of the consumptive here and the last time that he was seen at the hospital. And we must not forget that the great majority of the people who consult us here are poor, many of them very poor indeed. Change of climate is out of the question for the bulk of these poor people, and many of them live and die in the east end of London without ever having journeyed so far west as St. Paul's Cathedral. I have often spoken to men and women in this hospital who have never seen Cheapside, had no notion where the Houses of Parliament are, and had not visited, and did not care to visit, Hyde-park. When we know that amongst a class of people so circumstanced and living, in too many instances, amongst most insanitary surroundings, recoveries from lung tubercle are, though rare, not so very rare, we must admit that that disease is sometimes apparently cured without the help of a change of air and climate, and without even the advantages of a residence in ordinarily healthy houses.

If, again, we turn to the drug treatment of lung tubercle we find that we can never say to any patient, "Take this, and you will surely find that your health will improve." Good results in abundance can be quoted as having followed the use of, for instance, cod liver oil in lung tubercle; but equally good results could be quoted, I believe, where soda and gentian had been the only drugs prescribed. And I have no doubt, judging from the results of my own observations, that precisely the same remark may truly be made concerning the use of arsenic, the hypophosphites, and numerous other drugs which have had ascribed to them much success in the treatment of lung tubercle. It is true that in certain cases improved health results after the use of drugs, but that is not known till after the event; and we cannot foretell with certainty that the use of any drug will of necessity be followed by improvement in the health of any consumptive.

It was only about twenty-seven months ago that our knowledge of the cause of tubercular disease received its greatest addition from the genius of a man of whom the whole profession of medicine in every country has good reason to be proud. No sooner did Dr. Robert Koch discover that tubercular disease is due to a living organism than he set to work to search for a remedy for that disease—the most fatal of all the diseases which affect civilized man. Koch did not seek the remedy at the bedside of the consumptive, for he believed that, if such a remedy exists, it will be found in the outcome of experiments conducted in the laboratory and tested at the bedside. He and his assistants were able freely to conduct these experiments, for the great German nation have not yet learned to regard human

interests as standing upon a lower level than those of the lower animals.

I propose now to lay before you, as shortly as I can, the results of practical importance which those experiments have established in connection with our present purpose. I shall quote observations made by Drs. Ernst Schüll and Bernhard Fischer, in the Imperial Health Office in Berlin, whose chief is Dr. Koch. The object that these two gentlemen had in view was the ascertaining of how perfectly to disinfect the excreta of tuberculous patients. With the details of the elaborately exact series of experiments carried out by these observers for that purpose, I need not now trouble you. In the end they establish these two important facts, amongst others: 1. That a 5 per-cent. solution of carbolic acid in water, mixed with an equal bulk of fresh sputum containing a large number of tubercle bacilli, in twenty-four hours destroyed the virulent properties of the sputum. 2. That ten parts of a saturated solution of anilin in water, freshly prepared, mixed with one part of fresh sputum containing a large number of tubercle bacilli, completely sterilized the sputum in twenty four hours. Drs. Schüll and Fischer established these facts by injecting some of the fresh sputum, before its disinfection, into the bodies of animals, and found that tubercular disease was invariably developed as a consequence in the lungs, liver and spleen ; whereas after disinfection of the sputum in the way just indicated, no tubercular disease followed its injection into the bodies of animals. Besides carbolic acid and anilin, several other substances were experimented with by Drs. Schüll and Fischer, and amongst them were some which proved more or less efficient in destroying the virulence of tuberculous sputa. Of these, absolute alcohol gave the best results, for it was found that by mixing one part of the infected sputum with ten parts of absolute alcohol, sterilization of the sputa was secured. Corrosive sublimate did not yield satisfactory results, for it was found that the animals experimented upon with this substance died of sublimate poisoning when they were subjected to an injection of equal parts of a mixture of tuberculous sputa and a 1 in 500 solution of perchloride of mercury. So far as our present knowledge helps us, we can only use carbolic acid and anilin in a treatment of lung tubercle founded upon these experiments. The choice of a way of using carbolic acid is limited. I selected inhalation of carbolic acid vapor as the method of administration ; and one of my smaller wards in this hospital has been converted into an inhalation room. In constructing a chamber for inhalation purposes the simplest contrivance has been employed. The window is partly, and the fireplace completely, covered with a screen of coarse cloth in the shape of a roller-towel. These screens dip into a trough, and so are kept constantly wet with a saturated solution of the ordinary commercial variety of carbolic acid. Near the centre of the ward is a gas stove with a shallow basin upon it containing a quantity of Calvert's No. 4 carbolic acid.

I shall now read to you an account of an examination of the atmosphere of the inhalation room, most kindly made for me by my friend Mr. Gerrard Ansdell, of the Royal Institution:

"At the request of Dr. George Heron, of the city of London Hospital, I have made a few experiments with a view to estimating the amount of carbolic acid vapor actually existing in the atmosphere of a ward set apart by him for consumptive patients. As very little work seems to have been done by any chemists in this direction, I was at first rather in the dark as to how to proceed ; for, owing to the extremely small quantity present in the air, and its complicated nature, it would be impossible to estimate it directly. It was therefore thought advisable to collect it in some solvent, if possible, and then estimate the amount in solution. For this purpose a large glass vessel holding about twelve litres was connected from an opening at the top with two small wash-bottles, each containing one ounce of pure distilled water. The vessel was then completely filled with water, which was slowly drawn off through an aperture at the bottom, so as to make the air of the ward slowly bubble through the distilled water. By noting the number of times the vessel was refilled during the experiment, the volume of air drawn through the apparatus was of course at once known. So efficient was this method of collecting the carbolic acid, that the second wash-bottle in each experiment was found to contain only the merest trace of the acid, thus proving that none had escaped solution. The ward was fumigated by allowing Calvert's No. 4 acid to slowly evaporate from a vessel in the centre of the room, cloths saturated with a weaker solution of the acid being also hung up before the window and fireplace, so as to impregnate the air entering in this way and ensure uniformity in the consumption of the air. The apparatus was placed about nine feet from the vessel in which the carbolic acid was evaporated, and the tube through which the air was sucked was turned away from it and towards a window, so that the air drawn through was no doubt a fair sample of that existing in the room. The ward contained in all 4008.51 cubic feet, and its mean temperature during the experiment was about 80° F. In estimating the quantity of carbolic acid in solution, after trying various methods, I finally took advantage of the extremely delicate reaction which takes place between the body and bromine water, the latter forming a light yellow flocculent precipitate of tribromophenic acid ($C_6H_3Br_3O$) when added in excess to a dilute solution of the acid. This precipitate, which is quite insoluble in water, was collected on a small weighted filter, washed, dried at a little below 100° C., and weighed. This gave the actual weight of carbolic acid (C_6H_6O) present in the volume of air experimented on, but as it really existed in the form of vapor, the volume of carbolic acid vapor corresponding to the weight obtained was calculated from

the known vapor density of the body. This volume was then corrected for the temperature of the room, and from this the percentage quantity existing in the air was easily found.

The following are the results of the two experiments made:

Vapor Density of Carbolic Acid (calculated)=2.909 *grammes; Weight of* 1 *Litre of Carbolic Acid Vapor at* 0° *C. (calculated)*=4.209 *grammes.*

Experiment 1.—The vessel was nine times refilled with water, which is equal to 3.81 cubic feet of air drawn through the apparatus. The experiment lasted about twelve hours. Total weight of carbolic acid contained=0.1016 grain. Total weight in the whole ward=106.925 grains. Volume of carbolic acid vapor at 80° F. corresponding to the weight of acid found=1.345 c. c., or 0.083 cub. inch. Total volume of vapor in the ward air=87.3 cubic inches. Percentage amount of carbolic acid vapor in the air rather more than 1-1000th of 1 per-cent.

Experiment 2.—The vessel was sixteen times refilled with water, which is equal to 6.7 cubic feet of air drawn through the apparatus. Duration of experiment not mentioned. Weight of corbolic acid obtained=0.1386 grain. Total weight in whole ward room air=82.03 grains. Volume of carbolic acid vapor at 80° F., corresponding to the weight of acid found, 2.13 c.c., or 0.141 cubic inch. Total volume of vapor in ward air=84.7 cubic inches. Percentage amount of carbolic acid vapor in the air=not quite 1-1000th of 1 per-cent.

These two experiments, which were made with an interval of about a week between them, seem to show that the ward-room air maintains a fairly constant composition at a definite temperature, but, owing to the difficulty of dealing with such a very small quantity of vapor, they must only be taken as tentative value, for many more experiments would have to be made under varying conditions of temperature, etc., before any definite conclusions could be arrived at."*

We know very well, from the results of cultivation experiments, that the bacillus of tubercle increases in number with considerable rapidity out of the body, though its exact rate of multiplication is not yet known. We know also, from our observations at the bedside of the consumptive, that the organism forms new colonies with distressing perseverance after it has made its first lodgment in the human lung. When we remember that a mature bacillus contains from two to six spores, and that probably each one of these spores will in its turn become a full-blown organism, and the parent of a numerous progeny; and when, in addition to all that, we call to mind how difficult, and how rarely successful, is any attempt thoroughly to disinfect, or, in Listerian phrase, to "make sweet" a moderately deep wound to which there is easy access from the surface of the body—we can form some estimate of the extreme difficulties that lie before us in our attempts to destroy the growth of the bacillus of tubercle within the lung.

One thing seems clear to me, and that is the absolute necessity of submitting patients night and day, without any intermission, to the action of the vapor of carbolic acid, if we wish to test thoroughly its action in cases of lung tubercle. It must be obvious to everyone, after studying the experiments of Schüll and Fischer, and reading Mr. Ansdell's report, that nothing short of strict confinement to the inhalation room by night and by day and for a long period can be of real use in materially impeding the growth of the bacillus in the lungs. It is upon that condition being distinctly accepted by patients that admissions to the inhalation room upstairs are granted. Of course certain short absences from the ward must be allowed, lavatories being at some little distance from it. During even these short absences the patients are required to wear a respirator, through which they inspire air charged with carbolic acid vapor. Now, I beg you not to misunderstand me in this matter of the respirator. It is with no object of filtering the air or raising its temperature that I have advised the use of the respirator. The sole object that I have in view is to impress upon the patient's mind that he must keep up the supply of carbolic acid vapor without a moment's intermission. Perhaps I may as well now tell you that no case of carbolism has occurred amongst the patients in the ward, and it has been used as an inhalation room since last January. It is almost superfluous to state that the patients' urine has been carefully watched from day to day.

I much regret that the patients who have passed through the inhalation room are too few in number to warrant any special reference to them at present. Those of you who are interested in their clinical history are welcome to go into the ward and see and examine the cases. A journal containing a detailed report of all the cases hitherto submitted to treatment there, by inhalation, is on the ward table, and is, of course, open to your inspection. You can therefore, as practitioners of medicine accustomed to the study of disease, form your own opinions concerning these cases. For my own part, I will only say that I find in the record of these cases sufficient encouragement to pursue still further this line of treatment; and as I, in common with all my colleagues here, was asked to contribute to the course of lectures now being given at this hospital, I thought this subject worthy of your notice, and therefore selected it for consideration to-day, for I cannot shut out from my mind the hope that the road to success in treating consumption, should we ever find it, may be found to lead in the direction which seems to be indicated by Koch's researches. —Summary of lecture by G. A. Heron, M.D., Physician to London Hospital for Diseases of the Chest, in *Lancet*, Sept. 9, 1884.

*From the above data it follows that patients in the inhalation room pass seven cubic feet of carbolic acid vapor through their lungs in twenty-four hours.—G. A. Heron.

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Criminal Carelessness.—Carelessness is frequently an inherent defect, but is oftener the result of unconscious cultivation. In some callings it is nothing more than a blunder, but in that of medicine it is a crime and is, indeed, justly recognized as such by the laws of enlightened communities. A careful analysis of the so-called accidents which have occurred and are still daily occurring to the opprobrium of medical and surgical practice, would, we are convinced from our limited experience and observation, trace their essential cause to avoidable carelessness. It is true these "accidents" are frequently surrounded with palliating circumstances, and it would be scarcely just to look for that perfection in the practitioner which should make naught but the inevitable impossible. In spite of this fact, however, it is a wise provision of the law which holds the physician to strict account for his carelessness, leaving it with the jury to mitigate the penalty according to the palliative nature of the attending circumstances.

Instances of gross carelessness occurring either in their own practice or in that of others, are cognizant to most physicians, but they very rarely find their way into print. The reasons for this secrecy in which such blundering is sought to be enshrouded, are obvious. Occasionally, however, at a meeting of doctors the fullness of the heart maketh the mouth to speak. We recorded some time ago the confessions of certain members of the Kentucky State Medical Society, and now we have before us the report of the late meeting of the American Gynæcological Association, held at Chicago on the 1st and 2d inst., in which Dr. Henry P. C. Wilson, of Baltimore, confesses to guilt in this direction with the laudable purpose of pointing a moral to which it is hoped heed may be taken. Dr. Wilson's case was that of a woman on which he performed a laparotomy for the removal of a dermoid cyst of the ovary. Thirty-one days after the operation, an abscess opened at the lower angle of the abdominal wound. She was discharged from his care after two months, and came under that of another physician who about a month later evacuated another large and painful abdominal abscess, which discharged with the pus bits of a sponge which had been carelessly left in the abdominal cavity after the laparotomy. These pieces of sponge continued to be discharged for three months longer, after which the woman, who had been thin and anæmic since the operation, commenced to improve and finally recovered.

Dr. Wilson, perhaps with a view to palliating his criminal carelessness, was stimulated by his case to enquire for cases of a similar nature in the practice of others. He succeeded in discovering twenty-one such, only six of which had, however, been published. Of the six published cases the substances left in the abdomen of four of them were sponges; in the case of the other two the monotony was varied by the inclusion of forceps. Dr. Wilson suggests as a precaution against future "accidents" of this nature, that the sponges and instruments employed be counted before and after the operation.

We would suggest, as a surer prevention against such accidents, that the operator fasten his sponges and instruments to his person by means of chains and padlocks.

Ipecac in Dysentery.—The use of ipecac as a remedy in dysentery was first made in Europe, by Piso, in the year 1658. The profession in temperate zones, in which dysentery occurs only sporadically,

probably do not appreciate the immense value of ipecac in this disease, and may regard as somewhat ridiculous the claim that it rivals in life-saving service, quinine, chloroform, and vaccination. This claim has, however, a very substantial foundation in fact, as physicians who have had occasion to employ the drug even in sporadic cases, will scarcely hesitate to concede.

In an article in the Lancet, Dr. Joseph Ewart discusses the best method of exhibiting ipecac in dysentery. Two methods, chiefly, have been tried; that of small doses (say 5 grains), frequently repeated (four or five times daily), and that of large doses (20 grains to a drachm), at intervals of twelve hours. The objection to the former method is that it teases and irritates the stomach, and disturbs the rest and quiet of the patient unnecessarily. The agony of the tormina and tenesums is bad enough without being supplemented by the nausea, retching and vomiting which this method is most certain to cause. When a large dose is given, the gastric disturbances or uneasiness subside in about half an hour, and the stomach is then left in a state of repose, which is not apt to be disturbed by subsequent doses. The drug is best given in the form of pills of four grains each, with the minimum allowance of liquid. When the stomach is excessively irritable, the ipecac should be given in an enema, the dose, of course, being increased in the usual ratio governing medication by this channel.

The *modus operandi* of ipecac in dysentery must be judged of on our knowledge of the physiological action of the drug. Directly and locally, ipecac is an irritant to the peripheral nerves of the gastric mucous membrane. The irritability of these nerves is overcome by a large dose, and tolerance is thus established. Ipecac augments the glandular secretions emptying into the alimentary tract, thus restoring the functional activity of glands, whose office is partially suspended in dysentery. It is a very decided cholagogue, as the experiments of Rutherford have clearly shown; by this action it relieves the portal circulation, and consequently, also the congestion of the lower bowels. It diminishes the force and frequency of the pulse by lowering vascular tension generally. It promotes general diaphoresis. As the active principles of ipecac become absorbed and are brought to bear upon the vaso motor centres, regulating and controlling the functions of the chylopoietic viscera, the alimentary mucous membrane, the organs of circulation and the skin, soon after it has been taken, the above-mentioned effects are promptly produced.

Temperature of the Genital Canal in Pregnancy.—There are many *opprobria medicorum*, but among them there is none more glaring and more hoary with years than the uncertainty which surrounds the question of the diagnosis of pregnancy, especially during the period prior to quickening. The question has engaged the attention of medical men from the earliest times, but they have as yet failed to discover a sign of pregnancy, the existence of which would justify them in positively declaring the woman presenting it to be enciente, or the non-existence of which can be taken as indubitable proof that the uterus does not contain an impregnated ovum. Of the many signs given not a single one can stand alone and is of value, only as it is supported by others, which are in turn dependent on it for support.

Among the latter symptoms which have been advanced as having value is that known as Jorisenne's which depends on the supposed variation in the rapidity of the pulse in the sitting and standing positions in the pregnant woman. Under ordinary circumstances there is a variation of from ten to twenty beats between the pulse in these positions, but during pregnancy, as in the condition of cardiac hypertrophy, as noted by Graves, no such variation occurs. This symptom is, however, no more reliable than any of the others, and of value only in the consensus of the whole.

Dr. Henry D. Fry calls attention, in the October number of the American Journal of Obstetrics, to the value of elevation of the temperature of the genital tract as a sign of pregnancy. He made observations on ten pregnant women, noting the frequency of the occurrence of the various signs most implicitly relied on as aids to the diagnosis of this condition—backache, leucorrhœa, the purple color of the vaginal mucous membrane, and the vaginal temperature. Backache was noted in four multiparæ; leucorrhœa in five; the purple color of the vaginal mucous membrane in seven; and the vaginal temperature was elevated in eight. The elevation was $1\frac{1}{10}°$ F. in five of these cases, and $1\frac{1}{5}°$ F. in three, the normal temperature being regarded as 98.6° F. The increase is, doubtless, due to the congestion of the uterine structures, incident to impregnation, the hyperæmia being necessary to the nutrition, growth and physiological development of the organs concerned. The elevation of uterine temperature produces, directly, some elevation of that of the vagina. It is true any pathological condition of the uterus sufficient to increase its temperature has a similar effect on the vaginal temperature, and herein is the sign unreliable in itself. The sign therefore, while a valuable one, is not characteristic.

Homœopathy and Ethics in Canada.—In his presidential address before the Canada Medical Association, Dr. Sullivan made some remarks on the treatment of homœopathy and the question of ethics in the Province of Ontario, which have an especial interest for the profession of this country, where these matters have been so much discussed, and with so much acrimony. He gave a history of the present Medical Act of Ontario, and referred to the deplorable condition of affairs which existed prior to 1874, when it was amended to its present form. The great evil which afflicted the profession was the ease with which doctors, of all kinds, were made, and it was primarily with a view

to correcting it that overtures were made the homœopaths. In the midst of the dismal and unpropitious surroundings, it was seen that the profession must "stoop to conquer," and despite the opposition of the schoolmen and the forebodings of many, the "regulars," "irregulars," and "defectives" united, and agreed to erect a common standard on the subjects of anatomy, physiology, chemistry, botany, jurisprudence, and certain parts of surgery and midwifery, to which the Medical Act upon which they agreed obliged all, regardless of their views on therapeutics, who might subsequently enter the profession, to conform. The one portal was thus opened for all, and all other doors were closed. The result has been a condition of affairs in Ontario for which "the United States sigh in vain, and for which England is struggling." A higher grade of men and fewer of them are coming into the profession to take the places of those who, in the natural course of time are obliged to drop out of the ranks, and (a result quite unlooked for) homœopathy, eclecticism, and the various other isms have quite disappeared. When young men find it not less difficult to become homœopaths and eclectics than to become "regulars," they have almost invariably graduated as "straight" physicians, without deviousness or irregularity.

In Canada they have no Code of Ethics, the profession trusting to the amenities which should exist between gentlemen to protect each in his rights. Not to the Hindoo alone is loss of caste a penalty, and the lopping off of a member of a medical society for unprofessional conduct has a mighty effect on professional morals. In spite of the "No Code" which prevails across the border, the Canadian profession are not such an objectionable lot of men. Of course they consult with homœopaths, but barring this they compare very favorably, both as gentlemen and as scholars, with the profession of this country.

THE MURIATE OF COCAINE AS A LOCAL ANÆSTHETIC.—Cocaine, the active principle of erythroxylon, has been known to the profession since 1855, since which time it has been more or less employed to secure the action of coca, which resembles very closely that of the tea plant. About a year ago it was discovered by certain German laryngologists that the application of a solution of the muriate of cocaine to the vocal cords and surrounding parts, caused a sufficient degree of anæsthesia of these parts to permit their manipulation without inconvenience to the patient. This fact, becoming known to Dr. Koller, a medical student in Vienna, that gentlemen conceived the idea of applying the drug to the eye for the purpose of causing anæsthesia of the conjunctiva. After various experiments he demonstrated the fact that a two-per-cent. solution of the muriate of cocaine dropped into the eye, in doses two drops, every five minutes, until three or four doses had been instilled, was sufficient to cause anæsthesia of the conjunctiva and cornea. He reported his discovery at the late ophthalmological congress, at Heidelberg, and Dr. H. D. Noyes, the distinguished New York ophthalmologist, gives a synopsis of this report in a recent number of the Medical Record, of the 11th inst., corroborating Koller's experience with reports of results observed in his own practice. In the Record of the 18th inst., Profs. C. R. Agnew, Wm. Oliver Moore, and Jas. L. Minor submit additional reports of experiments made by them, all of which are strongly corroborative of the original wonderful claims made for the drug. They report the performance of operations for strabismus, cataract, pterygium, iridectomy, and and other painful operations under the use of anæsthetic, without the slightest degree of suffering on the part of the patient. Certainly, if subsequent trials of this remedy shall bear out these remarkable reports, and we have little doubt that they will, this latest discovery will work a revolution in ophthalmology.

[We have received, just as we are going to press, a report from Professor Eugene Smith, of this city, of three cases of strabismus, one of plastic operation, and one of cataract in a boy four years of age, in which the operations were performed under muriate of cocaine, as above, without the slightest evidence of pain on the part of the patients. This report will appear in our next.]

THE COMMA BACILLUS.—The Medical Abstract is disposed to be facetious. It is refreshing, it says, to note that the beautiful custom of naming a bacillus or disease after the inventor, or discoverer, continues unabated. The cholera bacillus is an exception, as it was probably called the "comma" on account of its connection with the colon. The only difficulty in regard to this method of naming is the limited number of punctuation marks at our command, and the unlimited supply of bacilli. Perhaps, however, by working in the dollar mark, dagger, asterisk, etc., the supply of names would last at least for awhile. It will be very convenient, too—thus, the comma bacillus might be written , bacillus, or the dollar bacillus, $ bacillus. This looks homœopathic, but the bacillus is usually given in small doses; it belongs to the order of the high potencies, we suppose. These are some important points which arise in connection with this method of naming. Thus it would be very difficult to persuade a comma bacillus to stay on a line, where a comma properly belongs, otherwise the intelligent student might take him for the apostrophe, (' bacillus) or, perhaps, when in pairs, for the quotation or twin bacillus (" bacillus). So that, after all, we had better go back to the old custom of using the name of the discoverer; only care should be taken that the investigator has a name euphonious with the name of the disease or microbe which he discovers. The clinical catechism of the future might read as follows:

"Describe the appearance of Murphy's micrococcus."

"What is the length of Binglin's big bacillus?"

"What is meant by Dobinson's duodenum?"

"Differentiate Hoppin's hepatitis and Lugan's livid liver."

"Give a description of Miller's microbe."

"In what disease does Potter's period occur?"

It is well-known that poetical names are the longest remembered.

A Physiological Check to Population.—Charles Morris, in an article on the problem of population, in the September number of the Popular Science Monthly, has the following on this important subject: If we consider special cases of noted men, the great generals of the day, the celebrated authors—all, in fact, who have become distinguished for superior mental ability—an almost universal result appears: they have either left no descendants, or their families are very small. And, for that matter, we need but to look at the evidences everywhere surrounding us. We think it will be found to be a general rule that persons constantly exercised in mental labor have few or no children; while the largest families belong to those who do not trouble themselves to think at all. There is abundant reason to believe, then, that such a physiological check to population really exists; and, in its operation, it is not difficult to perceive a rich promise for the future of the human race. For it is in no sense, in its superior phase, a starvation check. Nor does it need any of the violent repression of natural desires exercised in the prudential check. At first sight, it appears as if its tendency must be to constantly place the cultured at a disadvantage in numbers as compared with the dull and ignorant. But this advantage is more than counterbalanced by the progress of education and the brain-incitements of modern civilization. Thus, the class of brain-workers is being continually recruited, despite its lack of fecundity, and we can see indications of an immense future augmentation of this class of the population at the expense of the unthinking, and consequently of a new barrier to the progress of population, whose efficacy is now but beginning to appear.

Treatment of Nævus by a New Method.—Dr. H. O. Marcy, of Boston, in a communication to the Archives of Pædiatrics, recommends the following ingenious method of treatment of angeiomatous growths, in order to avoid destruction of tissue and subsequent contraction and cicatricial deformity. He uses for the cure of a variety of vascular growths a suture which he has called "the shoemaker's stitch," since in it the ligature is carried, by means of a long needle set in a handle, in opposite directions through the same puncture, the eye of the needle being near to its point, which is without cutting edges.

Armed with the ligature, the needle is thrust deeply under and quite away from the vascular growth. The ligature is then detached from the protruding point, and the other end of the ligature threaded and then drawn out with the needle, which is reinserted close to the first puncture, and thus the process is continued until the entire mass is enclosed, and fixation is completed by a single knot. In this way uniform and steady pressure can be attained, and maintained as long as desired. A report of a case is appended, of a large nævus on the chest, the the action of the ligature being aided by a firm compress. It was also found necessary to make two parallel incisions, one on each side of the growth, in order to facilitate the operation and render the constriction less painful. Such incisions are not usually necessary, however. The ligature was removed on the fifth day. Now, two years after the operation, the result is perfectly successful, with but little cicatricial contraction.

A Large Ovarian Tumor.—Dr. E. W. Jenks, of this city, assisted by Drs. Ranney and Post, of Lansing, and White and Davis, of Grand Ledge, Michigan, removed from a patient, at the latter place, on the 8th inst., an ovarian tumor weighing ninety-five pounds. This was, probably, the largest tumor ever removed in this state. The case was furthermore a remarkable one from the facts that the cyst had ruptured several days prior to the operation, and that there was present in consequence a well-defined peritonitis. The growth was of six years' duration, and the walls of the cyst were so friable that they readily broke under the manipulation necessary to its removal. The contents, which were of a gelatinous nature, were thus freely discharged into the abdominal cavity and the time required for their complete removal, together with the extensive adhesions of the cyst walls, caused the operation to be prolonged to three hours. The woman is at this writing, sixteen days after the operation, doing well, and is practically convalescent. The case will go upon record as one of the most remarkable which has been encountered, and Dr. Jenks' detailed report of it will be awaited with interest by all practitioners of any experience in this branch of surgery.

Croton Oil and Chloroform for Tapeworm.—Dr. Bernard Persh reports in the Medical News, the successful treatment of a case of tapeworm in his own person, by means of a mixture of one drop of croton oil, one drachm of chloroform, and an ounce of glycerin, taken on a full stomach. The worm let go its grip and was discharged within an hour after the dose had been taken. He has given the same mixture in twenty other cases, with excellent results. It is best, by way of preparatory treatment, to take half an ounce of Rochelle salts on the evening preceding the attempted removal. The vermifuge mixture should be taken in the morning. Dr. Persh has observed no bad effects from the chloroform, beyond a slight drowsiness and giddiness in several instances. In all cases the worm was passed

alive. The chloroform was regarded as the effectual ingredient of the mixture, the croton being given merely for the purpose of preventing the re-attachment and facilitating the expulsion of the worm after the chloroform has caused it to loosen its hold.

BED BUGS IN THE EAR.—Dr. F. L. Miles, of Elkhart, Indiana, vouches for the truth of the following: A woman who had been deaf in one ear for a number of years, presented herself for treatment. In addition to the loss of hearing, there was a constant and annoying itching in the organ. An examination revealed an accumulation of supposed cerumen, on attempting to remove which it was discovered that a nest of bed bugs had taken up lodgings in the ear. The insects were of assorted sizes, and apparently of different ages. The removal and the additional cleansing to which the ear was subjected, resulted in restoration of the hearing, and relief of the pruritus. We believe that such colonization is unique in the history of medicine.

The zeal of our educators is too little tempered by a knowledge of the physiological peculiarities and needs of the growing body, and intent on developing prodigies of mental growth, they disregard the requirements of the plastic body of the youth. This abuse of the body under our educational system is beginning to attract deep attention, and an article on "Half Time in Schools," by Edward Everett Hale, in the November number of the North American Review, will be read with more interest than it would have excited a decade ago. In the same number Prof. Gilliam discusses "The African Problem" in a manner calculated to direct grave consideration to that question. The other articles in this number are: "Woman as a Political Factor," by Judge Robert C. Pitman; "Progress in Naval Armament," by Hobart Pasha, who thinks the United States Governmant has been wise in not constructing a costly navy; "Friendship in Ancient Poetry," by Principal J. C. Shairp; "Herbert Spencer's Latest Critic," by Prof. E. L. Youmans; "Over-Illustration," by Charles T. Congdon; and "Restriction of the Suffrage," by William L. Scruggs.

Dr. T. Gaillard Thomas presented at the late meeting of the American Gynæcological Society, a relic of the Middle Ages in the shape of a device for preventing concupiscent indulgence on the part of females. It consisted of a jointed iron belt made to encircle the hips, to which was attached, by means of a hinge before and a padlock behind, a strip of iron, somewhat after the manner of a T-bandage. This strip widened over the vulva, and at the centre of this wider portion was a fenestrum with dentated margins. A similar opening was made in the strip over the anus. The device was an object of much interest, both from a gynæcological point of view and as a relic of those dark days when female virtue was of such unstable quality. Under the ægis of our nineteenth century civilization such a barbaric stricture on personal freedom would not be tolerated. It is true the feeling of distrust which prompted this ingenious ancient contrivance has not yet died completely out, but it seldom, now-a-days, assumes a sufficient degree of intensity to stimulate to the invention of anything more formidable than an adjustable menstrue pad.

The Therapeutic Gazette for October announces that on January 1st, next, it will be edited by Drs. H. C. Wood and Robert Meade Smith, of Philadelphia. Its size will also be increased to 72 pages, and certain other features are to be introduced to add to its attractiveness and value. Its subscription price will, in order to provide for the proposed changes, be increased to $2.00. The success of the Gazette has been phenomenal up to this time, and it is expected that increased prosperity will attend it under the management of its eastern editors. Dr. Wood requires no introduction to the profession of this country, and Dr. Smith is well known in connection with physiological research and experiment. Both of these gentlemen have had extensive editorial experience, and, doubtless, they will bring to their new field a large following from among those to whom they have heretofore ministered. While the office of publication of the Therapeutic Gazette will remain in Detroit, the editorial office will be removed to Philadelphia.

A nurse girl in England has just been convicted of manslaughter for causing the death of a child by tying a scarf so tightly around its neck as to strangle it. The child was under her charge, and she had it out in a perambulator. Being of susceptible years, she was absorbed in a love story which she was reading, and the child's persistent crying distracted her attention, It is the height of impertinence for any child thus to disturb the easy flow of the reading nurse-girl's thoughts, aroused by the tender narrative, and the child in question had the vocal function of its larynx promptly suspended by a scarf. The simultaneous suspension of its respiratory function was unfortunate, but such a minor affair should not be considered when a nurse girl's ease and comfort are at stake. The conviction is but another illustration of the utter lack of poetical inspiration which afflicts the ordinary English mind. In this country the poor girl would probably not have been thus discouraged in her literary endeavors.

The 9th annual meeting of the American Academy of Medicine convenes at Hopkins Hall, Johns Hopkins University, Baltimore, Maryland, on Tuesday, October 28th, inst. Membership in this society is confined to those M. D.'s who are also M. A.'s, and it is consequently expected that the papers and discussions of the coming meeting will be marked by an excellence in literary worth quite unusual in medical gatherings. The list of papers announced is an attractive one, and, unquestionably, the M. A.'s and M. D.'s who are permitted to listen

to them, will come away regaled as with new wine. It should be understood that this society does not admit to membership the "brevet" M. A.'s which some of our literary colleges bestow with such a liberal hand as heaven sends the showers—on the just and on the unjust. The only M. A.'s which are admitted are the "all wool" variety—such as have been bestowed after the prescribed course of study.

To "Enquirer." We can give you no information touching the proposed "thoroughly independent organ," about to be issued from Lansing, under the editorship of Dr. Geo. E. Ranney, the gentlemanly and scholarly secretary of the Michigan State Medical Society. The prospectus before us states that "the initial number of the Michigan Medical Monthly will be issued during September, 1884." You have now as much light on the subject as we have. For answers to your questions touching the position of the journal in its relations to the University of Michigan, and for solution of the several conundrums which you propound, we beg respectfully to refer you to Dr. George E. Ranney, Lansing, Mich., whom you will, doubtless, find ready and willing at all times to furnish them. We have no intuitive power of divination qualifying us for the position of seer.

The Iowa Medical Monthly believes that medical men may effectively advertise without violating the Code. It prescribes, however, a new departure in the method of such advertising. To begin with, it suggests a good education, gentlemanly conduct, social qualities, industry. To end with, the moral effect on the community of good deeds, the record of which distributed from mouth to mouth, will effectively supplement the first. It vouches that this mode of advertising, in conjunction with tact and good judgment, will always bring success. The fatal objection to this method of advertising, in the vast majority of instances, lies in the defective preliminary requirements. Our schools turn out their annual swarms of bad and indifferent, who, lacking the essentials, find it necessary in the struggle for existence, to resort to methods not sanctioned by the Code, to catch the popular fancy.

On dit that the British Journal of Homœopathy will suspend publication with the close of its present volume. This is one of the oldest and most authoritative journals of the homœopathic school, and its failure is very significant. The experience of England and Canada in the treatment of the homœopathic questions, should have a lesson for the profession of this country. If "the blood of martyrs is the seed of the church" the surest means of eradicating the homœopathic fallacy is to treat it by leaving it severely alone. The persecution to which it has been subjected by well-meaning but misguided enemies, has given it its prominence in America. Treat its disciples with that kindness and delicate consideration with which the true philanthropist treats the erring, and you rob them of the pabulum on hich they wax strong.

The Detroit Medical and Library Association held its annual meeting on the evening of the 6th. inst., when Dr. David Inglis was elected president for the ensuing year; H. W. Longyear, vice-president; Dr. George Duffield, Secretary; Dr. Frank Brown, treasurer; and Dr. Hugo Erichsen, librarian. Dr. E. L. Shurley presented the association with neatly framed photographs of the late Drs. Farrand, Brown and Heaton, original members of the body. The past year was remarkably successful in scientific work and the average attendance was twenty.

The Wayne County Medical Society held its annual meeting on the evening of the 9th. inst., and elected the following officers: Dr. C. C. Yemans, president; Dr. J. J. Mulheron, vice-president; Dr. W. H. Rouse, secretary; and Dr. Devendorf, treasurer. At the close of the meeting Dr. Wm. Brodie. the retiring president, was presented with a handsome office desk, and he showed his gratitude by inviting the members into his dining room,—when the door was shut.

A Canadian judge has decided that the physician whom an attendant physician may call in consultation, is not entitled to a fee, unless the patient, or the one acting for him, have either requested his services, or consented to his employment. The consultant, in such cases, must look for his fees to the one directly soliciting his services. There is some justice commingled with much injustice in such a decision.

An American doctor in attendance at the late international medical congress, at Copenhagen, introduced himself to the king of Denmark as a citizen of a country in which all are kings. His majesty took him warmly by the hand and expressed his pleasure at meeting "a brother all in the same business."

A patient in the Michigan College Hospital, of this city, last week deliberately munched the clinical thermometer which had been inserted beneath his tongue. He thought it was some "new remedy." Notwithstanding the consternation among the attendants, the singular medicine did not prove incompatible and no ill effects were noted.

Dr. John V. Shoemaker, of the Medical Bulletin, declares that the British Medical Journal has no equal among medical journals. Herein we behold but another illustration of our contemporary's innate modesty.

A Text-Book of Practical Medicine, Designed for the Use of Students and Practitioners of Medicine By Alfred Loomis, M. D., LL. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, Visiting Physician to Bellevue Hospital, etc. With two hundred and eleven illustrations. Octavo, 1102 pages.
New Pork: William Wood & Co.
Detroit: John MacFarlane.

The work before us differs from the majority of the works which are being given from the medical press, in that its author requires no introduction to the profession. Dr. Loomis has been so long and favorably known, both as a teacher and as an author, that this latest work of his will be promptly sought for by those who aim to have their libraries replete with the latest authorities. The book is practically a revised edition and elaboration of the course of lectures which the author has given before his classes in the Medical Department of the University of the City of New York during the past eighteen years. It confines itself as closely as may be, to such matters in connection with the various diseases discussed, as are no longer in dispute. Its classification is based on the etiology of the diseases, and particular regard is paid to the types of the various diseases as they are characteristic of this country, thus adapting itself to the American physician. It is refreshing to find that its illustrations are for the most part original, and not the stereotyped cuts which have done such long service in works of a similar nature.

The book opens with an introduction devoted to inflammation—serous, mucous, parenchymatous, insterstitial—and to the fate of pus. The body of it is divided into six sections devoted, respectively, to Diseases of the Respiratory Organs, Diseases of the Digestive System, including Diseases of the Liver, Spleen and Pancreas, Diseases of the Heart, Blood-vessels and Kidneys, Acute General Diseases, and Diseases of the Nervous System, including Diseases of the Brain and Spinal Cord, and Functional Nervous Diseases. Under each of these sections the specific diseases are discussed in regular order.

Dr. Loomis's reputation would naturally lead us to expect that in the book before us diseases of the respiratory organs would receive especial attention and especial thoroughness of consideration. In this expectation one would not be disappointed. Two hundred pages are devoted to this section, and the several diseases of these organs are discussed with a minuteness and comprehensiveness which leaves nothing to be desired. The morbid anatomy, etiology and spmptomatology are treated of in a manner at once exhaustive, concise and interesting. Unfortunately the author has little or nothing new to offer in the way of treatment. His extensive experience has, however, eminently qualified him for the task of selecting from the *olla-podrida* of remedies those which have enough merit to justify their trial, and the book is not encumbered with an enumeration of the "cures" which have been from time to time suggested.

Dr. Loomis opposes venesection in pneumonia, which he regards as a general disease and not a mere local pulmonary inflammation. Remedies, he maintains, should have a regard to the systemic disease rather than to its local manifestation. With this conception of requirements of treatment he regards the so-called cardiac sedatives, veratrum viride, aconite, tartarized antimony, calomel, etc., as contraindicated. They add a new load to an already over-burdened heart, and while they may for a time lower the temperature and pulse-rate they do so at the expense of heart-power. He thinks large doses (gr. x. to xv. every two hours) of sulphate of quinine accomplish equally desirable results without the subsequent drawback. The perusal of his remarks on the treatment of pneumonia must, however, be somewhat disappointing to the physician who is disposed to regard very active interference necessary in this affection. Dr. Loomis is evidently disposed to regard pneumonia as a self-limited disease which, like typhoid fever, cannot be aborted. His treatment of it is, therefore, largely expectant.

The pages devoted to the consideration of phthisis are especially interesting in the light of more recent views as to the etiology of this disease. Dr. Loomis does not commit himself unreservedly to Koch's theory of the bacillus. He states the following as the present status of this theory: The presence of a distinct bacillus in connection with tubercle, and its absence in all other morbid conditions are generally confirmed by the most competent observers. The etiological relation of this bacillus to phthisis still rests solely upon Koch's demonstration. Observers are not wanting who deny entirely not only an etiological relation, but even that the bacillus is confined to tubercular tissues; but they fail to present satisfactory experimental proof in support of such statements. German pathologists, on the other hand, among whom are Cohnheim, Frankel and Schottelins,—at one time the most able opponents of the infectious character of tubercle,—accept its specific nature as a fact entirely proven.

Dr. Loomis has made an exhaustive study of the climatic treatment of phthisis, and gives us in his book, in condensed form, his conclusions. The three points which his experience has determined him to prefer are Asherville, N. C., New Mexico, and the Adirondacks.

It would be interesting and highly profitable to follow the author through his discussions of the various affections which he treats of, but for obvious reasons that would be impracticable within the limits of our space.

A careful examination of the book creates the impression that it is the work of one who speaks that which he himself knows. It is not, as is too often the case in such works, a mere revamping of statements which have been perpetuated through a long series of treatises on the practice of medicine. The author is neither an optimist nor a nihilist in the matter of treatment. He is eminently conservative in this division of medicine, and while he does not fail to make suitable mention of remedies of established worth, his treatment is inclined towards expectancy rather than towards a robust faith in the power of drugs to the healing of disease. His style is exceedingly readable—never florid nor ever heavy, but throughout of the conversational nature acquired through long years in the lecture room.

THE MEDICAL GRADUATE AND HIS NEEDS. By George C. Wellner, M. D. 12mo., pp. 90. Price $1.00. Detroit: George S. Davis, Medical Publisher.

The little work before us is the outgrowth of the author's own early needs. On graduation he entered upon practice and found that he was deficient in many requirements, which neither his *Alma Mater* nor his books had made any effort to supply. He accordingly made notes of his defects with a view to their correction, and having learned, through years of experience, how to correct them, he now imparts his knowledge for the benefit of those of his successors who having just entered the stony path, find themselves beset with similar obstacles to success therein. His aim is a most laudable one, and we look through his effort with a strong prepossession in its favor. He commences with the student, whom he instructs in the proper methods of study, admonishing him, however, to seek some other calling if his heart is not fully consecrated to his work, and if he feels that he has not the necessary qualification for success—good health, inborn aptitude and pecuniary means. This advice is salutary, particularly in these latter days of overcrowding and keen competition. While brains are indispensable they are not all-sufficient to early success, and capital is yearly becoming more and more necessary, as is the case in other callings, as a supplement to mental and physical capacity. Many a young man of undoubted ability is doomed to prolonged hardship, and inferiority in that social position which counts for so much now-a-days, through lack of means to maintain an establishment in keeping with the requirements which society prescribes for the medical man. The young man without means will lose nothing by keeping out of the profession until he has acquired a sufficiency to enable him to support himself for the first two or three years of his professional life.

Dr. Wellner insists on the necessity of self-control and self-possession in the sick-room. To this end he holds method in clinical enquiry necessary, and he gives clear instructions to the neophyte on this point. The old practitioner excels the young not so much because of any superior knowledge which he possesses, as because of the ability, acquired through his experience, to apply that knowledge to the case in hand. The young practitioner will find Dr. Wellner's instructions in the methods of overcoming this discrepancy between himself and his older rivals very valuable.

The instructions in prescription writing, formation of prognosis, etc., are such as few of the graduates of our colleges have ever had imparted to them, and they will find the possession of them a capital which will yield large returns.

Some thirty pages of the book are a reprint of a series of articles which appeared in the New York Medical Journal, in which definite instructions are given the recent graduate who may desire to pursue a post-graduate medical course. Barring the fact that they exhibit a very decided bias towards New York, which, though a great medical centre, is not the only medical centre in this country, they are such as we can heartily commend.

Having said this much of the subject matter of Dr. Wellner's book, the language in which he dresses his thoughts demands a word of comment. The doctor, we should judge, is an educated German, whose knowledge of the English language was acquired after he had reached adult age. His style is at all events, characterized by that quaintness which we look for in such. Not having acquired the idioms of our language, his choice of expressive terms is largely from the dictionary, and although a reference to the accepted definitions will quite invariably justify their use, they fall upon the ear with an absence of that smoothness which characterizes spontaneity of choice in the matter of words. This quaintness is not, however, a fatal objection to the book. It is, indeed, in many respects an added charm, inasmuch as it is apt to stimulate the reader to a profitable study of his dictionary.

A little more care in the matter of proof-reading would have been desirable. The publisher has given the book a very tasty dressing, both as regards its letter press and its binding.

Surgical Cases.

REPORTED BY H. O. WALKER, M. D., PROFESSOR OF ORTHOPŒDIC SURGERY, GENITO-URINARY SURGERY AND CLINICAL SURGERY IN THE DETROIT MEDICAL COLLEGE.

An Extensive Urethrotomy.—H—, aged 38. Had gonorrhœa in 1865, lasting several months, ending in gleet. In 1867, after a long ride on a bicycle one Sunday, he discovered that he could not urinate, nor did a drop of urine pass the urethra until the following Thursday morning. After treatment with instruments for some time without success, his physician in attendance attempted to destroy the constriction of the urethra with stick nitrate of silver, which unfortunately slipped from its holder and remained in the urethra, causing extensive inflammation of the canal, and the pains keeping him in bed for two or three weeks.

In 1869 he was again attacked with retention of urine, which was relieved by the passage of small-sized bougies, and followed by gradual dilatation up to a No. 8 English. He continued the use of the sounds with varying success, until March of 1882, when I saw him, and at that time I could only pass a filiform bougie, pointing out to him the necessity of an operation, but owing to business relations it was impossible for him to remain at that time. I succeeded, however, in passing a No. 2. English, which he continued to use until I operated upon him. For the last eight months he has been confined more or less to the house and his bed, with swelled testicle, cystitis and frequent chills, and a constant desire to urinate.

Aug. 11,1884, he entered Harper Hospital, and on Wednesday, Aug. 13, I operated on him. Exam-

ination revealed size of meatus 12 m, at 1 inch 10 m, and at 5½ in. 6 m, showing that the canal was strictured the whole length. Passing a No. 2 Eng. tunneled sound over a filiform bougie, I proceeded by making a free incision 2½ inches in length, extending from the scrotum to within a half an inch of the anus and down upon the tunneled sound, completing the incision with a probe-pointed urethrotomy knife, through a dense, cicatrized urethra as far as the prostate body, at the same time dilating it so as to admit my finger into the bladder. I then proceeded to dilate the anterior urethra sufficiently with a Thompson's dilator, so as to admit an Otis urethrotome, which was passed through the urethra and out of the opening made in the perineum, when I dilated and cut sufficiently to admit a No. 33 m. sound, through the whole length of the urethra into the bladder. I would state here that I had made previous urinary examinations and found large quantities of pus; bladder, urethral, and prostatic epithelium. No casts. Specific gravity about 1020, and unusually alkaline. Previous to operation I treated him for several days with quinia, grs. v., and elix. brom. potass., ʒ j., three times a day. After the operation, ordered the continuation of quinia and brom.potass., also drop doses of tinct. aconiti every hour, and an ice bag to penis and scrotum.

August 14. Has had a comfortable night. Temperature 99⅖°; pulse 84. Urine passed through the perineal opening.

August 15. Slept well; holding urine from three to five hours, and passed it mostly through the urethra.

August 16. Had a severe chill followed by fever; temperature 102½°; pulse 110; ordered the quinia every four hours, and continuation of brom. potass, and aconite. Urine passes wholly through the urethra.

August 17. Has had no chill since; temperature normal; continued treatment.

August 18. Passed a No. 24 F. with little pain and scarcely any hæmorrhage.

August 20. Passed 26 F. with ease; got up today and is doing well; stopped all medicines, and ordered full diet; holds his urine from five to eight hours; has continued to pass No. 28 at intervals of every two days.

September 1. Perineal opening entirely healed, and he passes his instrument himself, a No. 15 English, equal to 32 m.

Lateral Lithotomy.—Chas. Matzen, of Port Huron, aged 6¼ years, entered Harper Hospital July 25th, with the following history: Bladder symptoms for two and one-half years, which at this time are very distressing, with a constant desire to urinate. An analysis of the urine revealed large quantities of pus and bladder epithelium; no casts; triple phosphates in abundance; urine alkaline; specific gravity 1015. July 25, I made the lateral operation for lithotomy and removed the stone, which I exhibit to you; phosphatic; weight 125 grains. This little fellow did well until the fourth day, when he had a convulsion, lasting from nine in the morning until four in the afternoon. He rallied from this and has made a good recovery, and left for his home August 2. I am inclined to think that the convulsion was due to a bad tooth, which produced considerable swelling of the face, together with his general debilitated and irritable condition.

Removal of a Plumstone from the Rectum.—Wm. Z., aged 38, consulted me to-day for the removal of a plumstone from the rectum, which he swallowed last Tuesday. He gives a history of rectal trouble extending back seven years. On examination I discovered a constriction about an inch and a half from the anus, just admitting a No. 10 bougie. The constricture extended across the rectum like a diaphragm. After dilatation with the forceps I succeeded in removing this stone.

Epithelioma of the Penis.—Wm. E., aged 53, consulted me early in July for what he supposed to be venereal disease, and which had been treated as such.

The trouble started as a small pimple about five months ago, on the penis, midway between the preputial orifice and the abdomen, which had gradually grown to the dimensions exhibited in the specimen before you (Fig. 1.) Recognizing it as an epithe-

Fig. 1.

lioma I sent him to Harper Hospital, and removed the penis as far back as the peno-scrotal fold, making an eliptical incision through the integument and retracting the flap cut directly through the corpora cavernosa, then through the corpus spongiosum some four or five lines anterior to the incision made through the corpora cavernosa, when I slit up the urethra inferiorly and stitched it up to the integument. The hemorrhage was easily controlled by torsion and two or three ligatures. The patient made a good recovery without an untoward symptom. He left the hospital in about two weeks with the stump entirely healed.

Rubber Ligature in Fistula in Ano.—Since July 1st of this year I have made three operations for fistula in ano, with the rubber ligature. In briefly reporting these cases I do so not because I regard the use of the rubber ligature as new in the treatment o

fistula in ano, but rather to show what seems to me an easy and simple method of introducing the rubber through the fistulous tract.

The first case was Z. P., aged 53. Entered Harper Hospital July 3d. Gave a history of syphilis dating back about four years. About four or five months ago had an abscess in the vicinity of rectum, which opened midway between anus and scrotum, to left of the median raphe. Has continued to discharge ever since, both from the opening and rectum. On attempting to explore with an ordinary small-sized silver probe, I failed to pass it through; when I used an ordinary whale-bone filiform bougie, which readily passed through, and could be easily felt with the index finger in the rectum. It occurred to me that this was an appropriate case for the rubber ligature, as the rectal opening was high up, just above the internal sphincter, and the external one fully two inches from the anal margin. The difficulty in the way was the introduction of the ligature, as the fistula was tortuous, and I did not have at my command any means of drawing it through, a procedure that is very difficult to accomplish, even with Allingham's instrument, which consists of a concealed hook or notch in a curved probe, by a sliding canula. This instrument is not pliable and must fail of introduction in many cases. While the filiform bougie was in situ, I worked its distal end through the anal opening by making a slight curve on a silver probe and introducing it up the rectum and catching the bougie, a proceeding that is simple and easily done. I then tied a small silk ligature to the bougie, which will not slip off owing, to the bulbous extremity, and then tied the silk ligature to a small sized rubber band about two inches in length. I then withdrew the bougie and with it the small silk ligature, leaving the rubber band through the fistulous opening, which, of course, made a double ligature, completing the operation by pulling and tying the rubber ligature firmly with several knots. (Fig. 2.)

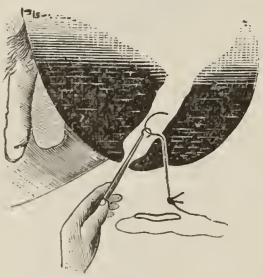

FIG. 2.

The ligature came away the fifth day. The pain was not severe, only lasting a few hours after applying the band; the rest of the time the patient walked about when he chose.

Case two was Mrs. J., aged 29, a very nervous and irritable person, who would not submit to the cutting operation. The ligature came away the third day.

Case three was P. S., aged 43. Ligature came away the fourth day. In each case the wound was quite nearly healed, especially in the last two cases, where the ligatures came away.

The advantages that the operation by ligature presents are: That there is very little pain, no hæmorrhage, allows the patient to walk about, and is suitable where the knife is objected to, especially in nervous people. The method for the introduction of the ligature just described certainly recommends itself for its simplicity and the ease with which it is done.

Cholera Infantum.*

BY JNO. FLINTERMANN, M. D., DETROIT, MICH.

Between June 1st, 1882, and May 31st, 1883, there died in the city of Detroit from the above-named disease, 151 children. In the following 12 months the mortality from the same disease reached 211, and during the month of July, 1884, 111 children died of it. The whole number of children under one year of age removed by death during the same month was 217. Of this large number the causes of death have been differently reported on the death certificates. In 111 cases cholera infantum was given as the cause of death; in a great number of the remaining cases different causes of death were certified to, as, for instance, diarrhœa, summer complaint, etc. Therefore, one would be justified in stating that of the whole number of children dying under one year of age, only a small portion died from other cause than cholera infantum. The highest death-rate from diphtheria during the year 1883–84 was in the month of December, 1883, when 48 cases terminated fatally. The whole number of deaths from diphtheria in the year was 349. Diphtheria never reached such a high monthly death-rate as cholera infantum, and at the same time it has to be taken into consideration that the whole number of fatal cases is derived from children up to the age of 14 years. A mortality of over 111 children under one year of age, from one disease, in one month, teaches us that there is a specific influence at the bottom of this alarming mortality. Now, in the presence of the fact of this high mortality of children under one year of age from this one disease, let me ask, what is the cause of cholera infantum? If we knew exactly the number of children under one year of age in the city of Detroit, we would certainly be astonished at the large percentage of deaths from this disease. The other cities of this country furnish similar alarming statistics. New York, for instance, furnishes during the hot summer months a frightfully high percentage of deaths from cholera infantum. In the year 1865 there died in the city of Leipzig, during the hot and dry months of July and August, over 100 children, weekly, from cholera infantum, which number showed that 80% of children under one year of age were taken away by this disease.

* A paper read before the meeting of the Detroit Medical and Library Association, September 1, 1884.

In order to answer the question as to the cause of cholera infantum, let us ask another question: What children are the most liable to be the victims of this disease, and what children, when taken sick, have the largest prospect of recovery? The fact that children under one year are the most liable to be attacked by it, should prompt us to inquire into the care which these children receive. One of the chief questions is that of nourishment. Do the children receive mother's milk or milk from animals, or instead of either, their costly but not always efficient surrogates? If in every death-certificate statements were given of the kind of food the deceased child received, how such food was administered, and what care the child received, etc., the value of our statistics would be greatly enhanced,—we should know something more than the bare fact that so and so many children of a certain age died of a certain disease within a certain period. We know one fact: children brought up on the mother's breast are the least liable to attack by cholera infantum, and that when taken sick these have the best prospects of recovery. A mother able and willing to nurse her child has it largely in her power, by regulating her diet in the strictest manner, to protect it against diseases of the intestinal tract, for no case of cholera infantum starts off at once, but is always foreshadowed by disturbances in the digestive organs. No child will have cholera infantum whose diet prevents disturbance of the function of the digestive organs. The manner in which milk is given to a child by the mother's breast is so different from that in which animal milk is administered by the bottle, spoon or other device, that the quantity a child receives in a given time by sucking the mammary gland is far smaller than the quantity in the same time given by the other methods. The milk of the mother pours in small streams into the mouth of the child, directly from the mamma and without coming in contact with the air. The child thus receives it in a perfectly natural state, without its having been exposed to alteration by manipulation, atmospheric influences, contact with vessels, etc., just in the condition in which the gland secretes it, and of a temperature corresponding to the blood heat. The food thus administered comes from a source whose tissues and blood are of the same structure and composition as the child's tissues and blood. Even milk drawn from the mother's breast by mechanical pressure or suction is not the same as that sucked out by the child. Taken from the maternal breast and given in a spoon it differs from the milk as it exists in the breast and is sucked out directly by the child's mouth. Therefore it is easy to understand that a child nursed by a mother is most naturally nourished, and under more favorable circumstances for a full development, than one nursed (fed) by milk coming from a source entirely, or in greater part different from the mother's breast.

Human milk for a human being, animal milk for a human being, two factors with two different relation, in both cases the manner of administering the food differently, the result coming out differently ought not to astonish us. Children fed on animal milk have thrive on a different form of nutriment altogether; the animal milk is of a composition different from human milk, is exposed to the contamination by micro-organisms in the air, which will be present abundantly during the hot season. Just take the facts as they are: the animal from which the milk is taken, is not always properly fed, is not always kept clean, is not always perfectly sound. The hands that milk the cow are, moreover, not always disinfected; they sometimes come in contact with the udder which is very often covered by the secretions of urine and fæces and the other filth of the stable or pasture; the vessel receiving the milk is not always scrupulously clean; the place in which the cow is milked is very often far away from the place where the child is waiting for its food, and the journey is apt to be along a dusty road, with a hot July or August sun beating on the vessels, the contents of which are freely churned by the wagon as it rolls on its way. Take all this into consideration, with an admission of a possibility of adulteration, and you cannot fail to see how a child fed on animal milk is subjected to immensely greater dangers in the matter of diet than the one nursed on the mother's breast. The fæces of children nursed by the mother emit no offensive odor, and when such fæces are examined, they show none of that kind of bacillus which is contained in the fæces of adults and of children who are fed on different food. The putrid fermentation of organic substances, as you have it in the contents of the infantile intestines, shows the presence of certain micro-organisms. If, then, besides the small organisms naturally present in the fæces are added such as are in milk which is contaminated by germs suspended in the air, it is then not surprising that such milk and the germs present in the intestinal canal give rise to putrefactive processes which irritate the mucous membrane of the alimentary canal. These micro-organisms have lately been investigated, and the reports of such investigations show the importance of properly feeding the children in order to protect them from cholera infantum. B. Bienstoch, of Breslau, observed that the bacillus which is always present in the fæces of adults, and which he has isolated and found to be the cause of the putrid decomposition of the albuminous substances which passed the stomach and that part of the alimentary canal where the pancreatic juice has ceased to have effect, never was present in fæces of such children who were nursed exclusively on mother's milk. This one bacillus examined by B. Bienstoch, and only this bacillus, has the peculiar or specific property of decomposing albumin in its final products. On the other hand, this bacillus exerts its decomposing effects only on albumin, and cannot decompose other substances liable to decomposition. This bacillus is not only so qualified that the albumin in its natural composition is decomposed, but every single product of the decomposition for itself can be

further decomposed in its fixed products. Casein has not undergone any alteration, according to Bienstoch's investigation, when exposed to the effect of that specific bacillus causing the decomposition of albumin in the alimentary canal.

The fact that the fæces of children nursing at the mother's breast show no fecal, offensive odor, which at once is present when such children's diet is changed, furnishes a most valuable hint in the therapeutics of intestinal diseases of children. The intention of these few remarks on cholera infantum is not to urge that improper feeding is the sole cause of this disease, but to put in front of all questions connected with this disease the importance of proper diet. A child has a natural and divine right to the mammary gland, and the education of females should be such that when married and the mothers of children, they should feel it their sacred duty to nurse their offspring. Physical and moral influences should be brought to bear on all mothers to nurse their own children. Combine with such nutriment, cleanliness and hygiene, and cholera infantum will not decimate our children, on whom the future of our nation so directly depends.

I have not touched the question how we should feed children for which mother's milk cannot be procured. I only want to say there is no surrogate for milk. A child without its mother's milk is deprived of a natural right, and a mammary gland should be found for him somewhere, if possible. The symptoms of cholera infantum are known to every one of us. The plans of treatment followed when cholera infantum has broken out are various, and I am not able to give you one that is infallible. My intention was to show in the high mortality the fact that children brought up by the bottle are the chief victims of the disease, and the importance of utmost care in feeding children, not forgetting, however, the beneficent influence of pure air, good water, and healthy homes.

Lectures on Clinical Surgery.

BY THEODORE A. MC GRAW, M. D., PROFESSOR OF SURGERY IN DETROIT MEDICAL COLLEGE.

Hydrocele.—This man says that he has a hernia, and on examination we find both sides of the scrotum filled with some abnormal contents, which makes this structure very large, unwieldy and troublesome. The gentlemen who have examined the case, though not united in their opinion, are on the whole disposed to regard the trouble as a double hernia. Now, there are many enlargements of the scrotum from different causes, and it will be safe, before pronouncing an opinion, to pass them, mentally, in review. The more common enlargements are hernia, hydrocele, hæmatocele, spermatocele, sarcocele, and tumors of the testis; the less common are elephantiasis and tumors of the scrotum. Varicocele has so little resemblance to a swelling like this, that I do not think it necessary even to discuss it in this connection.

These tumors are both soft and fluctuating—too much so to warrant us in assuming them to be enlargements of the testis proper. It is, nevertheless, evident that the malady lies deeper than the scrotum, and that we must, therefore, regard them as hydroceles, hernias, spermatoceles, or hæmatoceles. If we should take this patient into a dark room and view the scrotum by looking at it with a light on the further side, we could determine whether or no the tumor was translucent. The positive and affirmative determination of this point would decide the disease to be hydrocele, for no other affection of that part of the body will permit light to pass through the tissues. The negative determination of this point, however, is by no means decisive against the presence of hydrocele, for there are many hydroceles which are not translucent. Either the wall becomes thickened and opaque, or the contents become muddy by the occurrence of hemorrhages into the sac. In this case it is not necessary to examine for translucency in order to establish a diagnosis, for it is quite uncomplicated and simple. In the first place, we distinguish it from hernia by the fact that it is limited in boundary by the external ring, while a hernia may always be traced through the ring and inquinal canal as a large bundle of gut or omentum. Here again you must beware of giving the same importance to the converse of this symptom for the persistence of the tumor through the ring and into the inguinal canal does not necessarily exclude hydrocele. There is a congenital hydrocele of the tunica vaginalis, in persons whose tunica vaginalis by some failure in development has been only partially obliterated, which may extend to the internal abdominal ring or indeed communicate by an open aperture with the abdominal cavity. Besides this class of cases, we have hydroceles of the cord, which are very frequently, in my experience, mistaken for hernias. Besides the evident limitation of the tumor in this case, the absence of all impulse on coughing seems still more completely to exclude hernia from our diagnosis. Hæmatocele is also easily distinguished for as it is usually caused by blows, the history of violence, which fails in this case, should not be wanting. Besides that, hæmatocele in its early period discolors the integument over a wide area and gives a spongy feeling rather than a sense of fluctuation, while later on it becomes hard and firm. It rarely, too, occurs on both sides. Spermatocele alone might render the case doubtful, although the shape of this tumor is different from that of the ordinary spermatocele. A spermatocele occupies a position as a rule higher up in the scrotum and is more limited in bulk, while a hydrocele occupies the whole tunica vaginalis. Puncture with this trocar clears up all our remaining doubts, and the clear fluid which runs out shows the case to be one of uncomplicated hydrocele. It would be an error for you to suppose that the diagnosis is always thus easily determined—indeed simple hydroceles, or such as consist merely of a hypersecretion of fluid in the tunica

vaginalis without any evident disease of other organs, are in my experience rather less common than complicated hydroceles in which the collection of fluid is secondary to some other form of irritation. Thus scrotal herniæ, sarcoceles, hæmatoceles, and tumors may all stimulate the tunica vaginalis to hypersecretion and we are often puzzled to make out an accurate diagnosis until the fluid which masks some underlying disease is drawn off. Large and old scrotal herniæ are especially troublesome in this respect inasmuch as it is extremely difficult to determine whether the fluid which gives us a sense of fluctuation is in a hernial sac or outside of it. Cautious exploration with a very fine needle can alone yield accurate information in many cases.

As regards treatment, this palliative puncture will, doubtless, be followed in a few months by recurrence of the collection. It is also not without its danger as it is often followed by inflammation and suppuration of the sac. In spermatocele, indeed, the danger of severe inflammation following a simple puncture is very great, and the evacuation of the peculiar milky fluid, should be invariably followed by absolute rest for at least twenty-four hours. If instead of a palliative operation, we should desire to achieve a radical cure, we might resort to either of two methods, namely, the injection of tr. iodine or the free incision. There are other methods of cure, but none in my opinion so trustworthy. The danger of injecting iodine arises from the possibility of letting the canula slip out of the tunica vaginalis, in which case the iodine passes into the connective tissue and causes sloughing of the scrotum. In this connection let me say that there is no tissue in the body which will slough off with less provocation than the scrotum, and no tissue in which a slight hæmorrhage may be followed by such bad results.

A small vessel which one can hardly see, will sometimes continue to pour out blood from a scrotal wound until the whole skin of the penis and scrotum becomes enormously distended. This has occurred twice in my own practice, obliging me to open the wound and turn out an immense mass of clots. When all was done, the bleeding ceased spontaneously, and the vessel from which it sprung could not be detected. In another case which came to my knowledge, the surgeon, who applied ice to the parts, was horrified to find the whole skin of the scrotum and penis become gangrenous.

The danger of accident from the injection of iodine may be averted by inserting the canula deep into the tunica vaginalis before evacuating the fluid and injecting the drug. I prefer, myself, to cut the scrotum and tunica vaginalis widely open, and have the wound heal from the bottom. This procedure is adapted to all classes of cases, while the injection of iodine is contra-indicated in those cases of old hydrocele whose walls have become thickened and changed in structure.

Before closing this lecture, I must call your attention to the sympathies which exist between the scrotum and tunica vaginalis, and the neck of the bladder. Everybody knows that the epididymis is so connected, but few, comparatively, seem to be aware that irritation may be conveyed from the tunica vaginalis to the neck of the bladder, and *vice versa*, and yet this is surely the case. An old gentleman, suffering from an enlarged prostate, which obliged him to constantly pass a catheter, was seized, after a painful experience of that kind, by an inflammation of the tunica vaginalis, which did not subside until after a free incision. The same occurrence took place in an old gentleman whom I saw in consultation with Dr. Devendorf. On the other hand, inflammation of the tunica vaginalis will often cause retention of urine, and even cystitis. Indeed, I saw this result once in a case in which the tunica vaginalis was not concerned at all, but in which, after excision of the scrotum for varicocele, secondary hemorrhage took place, and the whole scrotum became inflamed and irritated.

Eye Clinic of Detroit Medical College.* Cataract—Black Cataract.

BY PROF. EUGENE SMITH.

GENTLEMEN:—At our last clinic the time was so fully occupied with other operations and cases that there was little opportunity to talk to you about cataracts, although two cases were operated upon. To-day, however, as we have four more cases for operation, and as they differ somewhat in character, we will devote our hour to the consideration of this important subject.

I have already told you that the term cataract is applied to a condition of opacity of the crystalline lens, and is usually due to perverted nutrition. Cataracts may practically be divided into two forms, hard and soft, according to their consistence. The age of the patient will generally afford you an idea of the character of the cataract, for, as a rule, you will find cataracts in patients under fifty years of age soft, over that age hard. Again traumatic cataracts are always soft. Hard cataracts are usually of a brown or yellow color, while soft cataracts are of a more white or bluish tint not unlike a pearl behind the pupil. We have also congenital cataracts, both complete and incomplete. Unusual forms are sometimes seen, such as the black cataract extracted last Friday. It is the only really black cataract I ever saw. This latter variety is very rare. It is supposed that the coloring matter is derived from the hæmatine of the blood. The choice of an operation will vary with the kind of cataract and other circumstances. In the case of Mrs. S., the old German lady from whom I extracted the black cataract, circumstances compelled me to make the incision downwards. An old-time inflammation of the cornea had left the upper half opaque, and an iridectomy for optical purposes would have been necessary at a subsequent time, if the lens had been extracted through an incision in the upper half.

* Held Friday Oct. 10th, at St. Mary's Hospital. Reported by John Chase, M. D.

A downward incision and iridectomy combined, enabled us to make both operations at the same sitting. An interesting feature of that operation was the loss of vitreous before the removal of the lens, an accident which is at times very troublesome and occasionally entails loss of the eye. You will remember that a good-sized bead of vitreous showed itself in the wound after the iridectomy was made. The accident was probably due to the patient's holding her breath and straining. One third of the vitreous may be lost without, in the majority of cases, inialidating the result, although of course the operation will be complicated by it. When it occurs take out the speculum, make gentle pressure on the closed lids with a quantity of lint, and let the patient rest for a time. Do not again insert the speculum, but while separating the lids carefully introduce a cataract spoon behind the lens and press it forward against the cornea while coaxing it out. If a little cortical matter is left I think it better to allow it to disappear by absorption than to run the risk of further loss of vitreous by attempts to remove it. You may either remove the projecting vitreous at once or as I did in that case, place a firm bandage upon the eye and remove the string of vitreous in 24 or 48 hours. The result in this case is good, not an untoward symptom having arisen.

Von Graefe's modified linear extraction, which I made on the man last Friday, is made with an extremely narrow knife. He (Graefe) opened the extreme periphery of the cornea, made an iridectomy, incised the capsule, and with gentle pressure caused the lens to advance and escape through the wound. Most oculists of the present time have modified Graefe's operation by making the apex of the incision a little less peripheral. The puncture and counter puncture are made opposite each other, and with a see-saw movement the incision is carried from within outward. If you operate without anæsthetics, as I prefer doing, have your patient breathe through the mouth, as in that way there will be less straining. Having finished the incision, allow the patient to rest a moment before making the iridectomy. The incision in the capsule is made with a little cystotome. This should be done freely, either at the periphery of the lens, or, as I shall advise you to do until you have had some experience, by a crucial incision. A very gentle pressure on the lower part of the cornea, by means of a hard rubber spoon, will cause the lens to escape from the wound. The dressing consists of a bit of linen to cover the lids, charpie enough to fill the hollows of the orbit, and over all a fine flannel bandage, cut on the bias, and so placed as to make gentle pressure on the eyes. This should be removed and the eye redressed, not later, in my opinion than 24 hours, although some oculists leave the bandage on for three or four days. My objections to allowing the dressing to remain so long are as follows:

In the first place a few hours after the operation if the dressings be removed, more or less debris will be found on them. Decomposition of this debris may infect the wound and the eye be lost from suppurative inflammation. Again, if suppurative inflammation occur it shows itself in from 24 to 48 hours, and while usually ushered in with pain, it may occur without and the eye be found to be lost when uncovered on the fourth day. The comfort of our patients, gentlemen, is a great desideratum, and the use of fresh dressings every day after gentle washing of the eyelids with cool water always proves refreshing.

This first operation to-day upon Mrs. K., of Monroe, aged about 70, is by the Græfe's Modified Linear Method, and as you see, is perfectly smooth and without accident.

We have for our next case a child five years old, with a fully formed congenital cataract in each eye. Two methods of operating in such cases have been followed. I shall make in one eye what has been called keratonyxis. With this needle I puncture the cornea, and incise the lens capsule, my object being to allow the aqueous fluid to come in contact with the lens substance and cause its absorption. The operation may have to be repeated several times, but it is attended with very slight danger and is usually successful. Upon the other eye of this patient I shall make what is known as a linear extraction. This is done by first making an incision in the cornea with a keratome (lance-shaped knife), carrying the knife through the capsule to incise it, and then by gentle pressure and the use of the little scoop-like instrument, evacuating the soft lens substance. This is the quickest operation, and where you can have your patient in a hospital under control, is fully as safe as the former. A solution of atropine gr. iv to the ounce, is used once daily, and a slight bandage is applied.

Our fourth case presents a peculiarity which makes it a difficult one to operate upon, and I should advice you not to select such a subject for your initiatory case. Notice how deeply sunken his small eyes are, and how prominent is the supraorbital ridge. We make a Græfe's incision upwards, and finish our iridectomy. The patient is very unruly, and it is impossible to reason with him. His straining has caused a slight loss of vitreous, and we will stop the operation and give him an anæsthetic. It is now necessary to use a spoon as in the case of the old German lady last Friday, and although quite difficult in this case I have succeeded in removing the lens with a loss of less than one-fifth of the vitreous. I think there would have been but little trouble had our patient, who is nearly 80 years old, been less unruly. Gentlemen, these six cataract extractions are worth more than a dozen didactic lectures, and you will have daily opportunity of watching the cases.

Detroit Medical and Library Association.

Regular meeting, September 1, 1884.

The President, Dr. R. A. Jamieson, in the chair.

Dr. McGraw exhibited a breast, removed for be-

ing infected with scirrhus. The tumor was painless. There was nothing especially remarkable about the case, except that a purulent discharge flowed from the nipple, which was eczematous. Whether the chronic eczema of the nipple was the cause of the deeper infection was a point not yet cleared up. The tumor was handed to Dr. Duffield for examination.

Dr. Walker reported several cases. (See page 312.)

Dr. McGraw thought the use of the rubber ligature was a concession to the dread patients have of the knife.

Dr. Duffield exhibited, under the microscope, sections of xanthoma of the skin, and villous cancer of the bladder.

Dr. John Flintermann read the paper of the evening—*Cholera Infantum.* (See page 314.)

Dr. Warner cited the very large death-rate at some of the children's hospitals in other cities, which was due to the number of children brought up on the bottle.

Dr. McGraw said, the late Dr. Richard Inglis said cow's milk for children is poisonous. Cows kept in the city are exceedingly poor, because of lack of sun, exercise and green grass. I have found that condensed milk acts well in place of a wet nurse.

Dr. Carstens: The milk of the mother is an excellent preventive of cholera infantum, but when the mother is worked and worried to death, gets into irregularities of diet, the child's health is affected, and intestinal diseases are sure to result. But one of many cases of diarrhœa that I have seen among children this summer, was in a nursing child, and that was due to irregularity in the diet on the part of the mother, together with bad hygienic surroundings.

Dr. Hutton said: I came, hoping to get some new thoughts upon the medicinal treatment of cholera infantum. I have used, and have had exceedingly good results, from $\frac{1}{2}$ to $\frac{1}{6}$ of a grain of calomel, with 10 grains of sugar, repeated every two or three hours.

Dr. Flintermann: Calomel is a rational remedy, but Dr. Koch has recommended the bichloride as the best medicine, given as an antiseptic, though I suppose calomel acts in the same way.

For medicinal treatment I give the bromides of potassium and ammonium, with Dover's powder.

Drs. E. T. Tappey, F. W. Robbins, and Jas. Harvey, were elected to active membership.

Adjourned.

Regular meeting, Sept. 15.

The President, Dr. R. A. Jamieson, in the chair.

Dr. Duffield exhibited, under the microscope, sections of the cancerous breast and nipple of the case reported by Dr. McGraw at the previous meeting. The breast was cancerous, but the nipple showed only the morbid anatomy of eczema.

The subject for discussion for the evening was the question "Is Dysentery of Malarial Origin?"

Dr. O. W. Owen gave a good definition of the dysentery, and then, by well-selected passages from standard authorities, showed that the disease in its origin, cause, etc., was due to the action of malaria. Dysentery was often an accompaniment of malarial fever, or it was followed by a severe remittent or intermittent fever.

Dr. J. H. Carstens said that regions where malaria exists are not always infected by dysentery, even though the malarial fevers were numerous. Michigan is full of malaria but dysentery is rare. The clinical phenomena of dysentery may be produced by a variety of causes. The slimy and bloody stools, the tenesmus, etc., of dysentery, may be produced by an irritant in the lower bowel—anything that could excite an inflammation. The malarial poison, under certain circumstances, might manifest itself in such a local inflammation. Such cases respond readily to treatment, the malarial cases, to quinine. He distinguished from these cases, however, dysentery proper, and considered it a specific disease, and thought a bacillus to be its cause. The germ of dysentery might be related in some way to the germ of malaria, in fact he was inclined to think that malaria was the father of all disease germs. He believed in the evolution of specific diseases. They all, perhaps, had had a common progenitor, and their germs differentiated according to the well-known laws governing evolution. Although malaria may been the parent stem and dysentery the off-shoot, the latter disease has become a distinct entity and capable of separate existence.

Dr. Hutton thought malaria was but one of the causes of dysentery.

Dr. Pratt had had little experience with this disease, but thought the climate, soil, and heat, have much to do in producing dysentery.

Dr. Hoyt remembered once in his father's practice that a mill-dam broke and the country was flooded. After this dysentery appeared, and was promptly relieved by quinine.

Dr. Lundy cited some interesting cases in which the dysentery was no doubt due to malarial poisoning, yet he believed other causes besides malaria had much to do in producing dysentery.

Dr. Inglis did not believe that malaria in its strict sense (the agent which produces intermittent and remittent fevers), was the cause of dysentery, yet he thought that further investigation would show that there might be an evolution among the bacteria like there was in large animals and plants. The Dr. then cited the difficulty microscopists had in differentiating the bacteria of diphtheria from the harmless bacteria commonly found in the mouth. The variations of the intensity of the poison of diphtheria and the zymotic diseases, and the various grades of intensity of the attacks, the intimate relations between scarlatina and diphtheria, between erysipelas and puerperal fever, etc., are well known facts. A variation of germ species no greater than that of the great family of pigeons, would be ample to account for

a great many of the puzzles of the zymotic diseases.

Dr. Carrier had had several cases of dysentery which did not respond to quinine, and were evi dently caused by something besides malaria. Other cases of importance, and epidemics of rheumatism, pneumonia, and dysentery, were spoken of at length.

Dr. Shurly said that during his practice in Manistee a dam had broken, flooding the country around, following which was a dreadful epidemic of dysentery. The mortality was very great. The dam was rebuilt and the disease ceased. In 1866, when Manistee lake was very low, and the bayous at either end were dry, there arose an epidemic of dysentery which was fearful in its mortality. The treatment was anti-malarial, opiates and astringents; the best results were from quinine.

Dr. Jamieson said that he had only seen one endemic and that was on the St. Clair river, a region where malaria was usually present. The year the Dr. was there a large number of these cases were seen.

Drs. Benj. P. Brodie and W. P. Manton were elected to active membership.

Adjourned.

Geo. Duffield, M. D.,
Secretary.

Michigan State Board of Health.

The regular meeting of the Michigan State Board of Health was held at Lansing, Oct. 7, 1884, the following members being present: Henry F. Lyster, M. D., of Detroit; J. H. Kellogg, M. D., of Battle Creek; C. V. Tyler, M. D., of Bay City; and Henry B. Baker, M. D., secretary.

The secretary's report, etc., for the fiscal year ending Sept. 30. 1884, showed that large accessions had been made to the library by gift and exchange, and a lesser number by purchase, and that unusually large distributions of public health documents had been made during the year.

Prof. R. C. Kedzie presented nine examples of drinking water taken from the public water supplies of Bay City, West Bay City, Grand Haven, and Ludington, all of which showed large quantities of organic matter and other impurities. Prof. Kedzie was granted until Nov. 1 to complete his paper on "potable and culinary waters in Michigan, with especial reference to contamination by saw-dust," for publication in the report of the Board for 1884. Dr. Kedzie was also requested to make a special report on the use of explosive substances for heating and lighting purposes.

It was decided to hold a sanitary convention at East Saginaw in December, and a committee was appointed to confer with a local committee as to date, program, etc.

At a request of the Board of Corrections and Charities, committees were appointed to examine and report on the sanitary condition of the State House of Correction at Ionia, and on the sanitary bearings of the use of boiler iron for cells in jails.

The secretary continued his report on outbreaks of cheese-poisoning. Seven outbreaks in Michigan had been reported this year, in which there were 190 cases of sickness, but no deaths. The symptoms following the eating of the cheese were very similar in all cases, consisting of pain in the stomach, cramping of muscles, coldness of extremities, and great prostration, with violent retching and purging, lasting for several hours. In most cases, the larger the amount of cheese eaten, the more violent were the symptoms. Samples of the Lowell cheese had an acid reaction, and a peculiar, strong odor, believed to be due to caprillic acid or caprosic acid; examined with a one-tenth inch immersion objective, this cheese was found to contain the mycelium of a mold, and to be swarming with several kinds of actively moving bacteria. Samples of the cheese were sent to Dr. V. C. Vaughan, of Michigan University, and to Prof. T. J. Burrill, of Illinois State Industrial University, for further examination and experiment.

Further time was given to the committee on textbooks on physiology and hygiene. The Secretary called attention to a sanitary house-to-house inspection which had been made recently in the city of Ann Arbor. It is believed that this is the first systematic inspection of the kind ever made in this State.

A paper on typhoid fever was presented by the Secretary, and was approved for publication in the annual report of this Board.

The State has been free from small-pox during the quarter.

The recent report that pleuro-pnemonia exists among cattle in the vicinity of Nashville, Mich., proved on inquiry to be unfounded. During the quarter glanders was reported present among horses in Delta county. Letters were sent to health officers or supervisors of all townships where the disease was reported to exist, urging prompt action on the part of the local boards of health to exterminate the disease. It is believed there are fewer cases than were at first reported. As one result of the correspondence, two of the infected horses were shot by their owner.

The Secretary reported the preparation, publication, and distribution of 12,000 copies of the document on the Prevention and Restriction of Cholera. A similar document on cholera in its relation to railroads had also been prepared at the request of the Commissioner of Railroads, and had been printed and distributed by the Commissioner, in connection with a circular from his office to all railroad officials in Michigan.

A list of the names and addresses of the health officers of Michigan has been printed, and a copy sent to each local board of health. The document on the Restriction and Prevention of Diphtheria has been revised with reference to new laws, and reprinted. The new compilation of the public health laws has been distributed to every health officer in the State,—a class of persons who do not receive the session laws.

The Medical Age.

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Food Necessary to Both Mental and Physical Growth.—The greatest problem, probably, for an advancing political economy to solve is one which is being almost entirely, if not absolutely, ignored, to wit, the physical, and consequent mental and moral well-being of the rising generation. Our system of education (by courtesy so called) aims rather to mechanically charge the growing brain with facts and figures, than to develop it into a strong and capable organ for its legitimate function of analyzing the circumstances of life with a view to educing their true meaning and conforming them to the best interests of the individual and of the state. The evils of this system are crying aloud for reform, and unless such reform is wrought their effects will be visited on the near succeeding generations. It is not surprising that the people of Great Britain, the people whose history has demonstrated so well the worth of physical integrity in national affairs, should have taken alarm at the deteriorating effects of the system of education which is the outgrowth of the past quarter of a century. Our British exchanges have for several years been sounding the note of alarm, and it is hoped that the people may soon be brought to see that the evils which threaten are not the creation of the imagination of "doctrinaire physicians." The British Medical Journal in calling attention to the good which is being done by the dinners which are provided at Rousdon school, Devonshire, by Sir Henry Peck, takes occasion to revert to the mischief inseparable from improper attention to the measures looking to the physical integrity of the children.

Mental power, it says, is brain-function as truly as manual power is muscle-function. The brain is as much part of the body as the hand. If the body be weak from lack of feeding, the strength of the limb fails. If the body be weak from lack of feeding, the strength of the brain fails. In the one case, manual power is lessened; in the other, mental power is reduced. The underfed can neither lift a heavy weight nor perform a relatively difficult or energetic act of cerebration. All this seems wonderfully simple; but, strangely enough, the authorities concerned in education appear to forget it. Attempts are made to cultivate the brains of growing children by instruction, while their little bodies are insufficiently fed, or, more accurately, half-starved. Surely, the great and persistent efforts which have been made to inform public opinion on this initial principle in the physiology of life and activity have not been wholly wasted; and yet it seems as though they had been, when we find the state and the community committed to a policy of forcing without feeding. We are bound by every consideration of duty and interest to undertake the education of the lower orders of the rising population, but it is folly to carry out the enterprise at the expense of the stock we are seeking to cultivate. What would be thought of the gardener who busied himself with the top of a plant, budding and training, without taking the trouble to see that its root was firmly bedded in good soil, and that it had an ample supply of nutriment? The first thing that his master would do on becoming aware of his neglect or imbecility, would probably be to expel him from his nursery. He would be judged unfit for his task. This, however, is precisely what we are running the risk of doing with the young of our nation. We are cultivating their heads, while the organic necessity of eating and drinking is largely disregarded. If the little brain can be brought under the operation of

the educator, the body of which that brain is a part may, many people seem to think, be left to take its chance. What makes the matter worse than it might otherwise be, is the fact that we are not simply or solely spending our thought for naught, because good mental work can never be got out of half-starved brains, but we are robbing the other parts of the body by drawing what little energy there may be to a single organ, that of the mind. Only one issue is possible; unfortunately for our race, it cannot be demonstrated until the next generation; then, however, the fatuity of a policy which under estimates physical needs will stand confessed. The children of the children we are now forcing without feeding, must inevitably be deficient in muscular and general power and vitality. It is needless to write warmly on this point. We are plainly stating a proposition founded on inexorable laws of life and development. Setting aside all questions of immediate consequences, such as the breakdown of over-taught childaen in board schools, as to which there is probably much exaggeration in particular cases, we have to face the fact that, by-and by, when we are dead, the effects of our economic blunder will begin to make themselves apparent. This consideration should not be wholly disregarded. Meanwhile, although Mrs. Partington could not sweep back the Atlantic with a mop, it is within the reach of everybody to do something towards the mitigation of the mischief in progress. Let a determined endeavor be made to feed the poor little children who are subjected to an unwise and shortsighted policy of starvation and education. It would be difficult to name a more excellent enterprise in the interests of domestic life, now and in the future, than that of the organizations which have been formed to provide the children of the poor with good dinners. Every penny expended in this way is seed sown on a fruitful soil.

Chancre of the Tonsil.—Dr. R. W. Taylor says in the New York Medical Journal, that this form of chancre, although not common, is not so rare as was once supposed. It deserves attention on account of its causes and diagnostic relations, and also of the fact that there is little doubt that some cases of the *syphilis d'emblée*, or *larvée*, of the French, really originated in tonsillar infection, since nothing is more assured than that acquired syphilis always begins in a chancre.

Three instances have fallen under Dr. T's own observation in which the disease was undoubtedly caused by depraved and unnatural sexual contact, which of late has increased to an alarming extent in America. Many similar cases have been reported by European authorities.

The clinical history of these chancres is as follows: The first appearances noted are redness and swelling, without perceptible induration. In the course of a few days these symptoms are accentuated, the redness is greater, the hypertrophy is more marked, and there is also superficial erosion of the organ. Then this exulceration may increase, and is usually accompanied by the appearance of a grayish-white coating, which may be very thin or thicker, and may be of granular appearance and irregularly distributed over the ulcer. The induration is usually well marked, sometimes even cartilaginous. It, of course, differs in accordance with the density of the tonsil. If the latter has been the seat of chronic hypertrophy, it will be hard and firm; if it was previously healthy, it may be only slightly indurated. The prominence of the organ in disease will in a measure also depend on its size and condition previous to infection.

The diagnosis rests between mucous patches and syphilitic ulceration sclerosed tonsils, in both of which the lesions will not be so sharply confined to one side, nor accompanied by such well marked adenopathy. Again, the history of the case will often establish the late origin of the lesions. The subjective symptoms are, more or less difficulty in swallowing, perhaps pain and uneasiness on the affected side, swelling of the corresponding glands, parotid and submaxillary, and of the lymphatic ganglia. This swelling, besides being at first unilateral, is always out of proportion to that observed to accompany secondary and tertiary lesions.

The points of diagnosis may be thus enumerated:

1. The details of the mode of infection, either from syphilitic sores, primary or secondary, chiefly about the mouth or face, and mostly by kissing; from infection by some article, such as a nursing-bottle, cigar, pipe, cup or the like; or from indulgence in bestial practices.

2. The slow, unilateral development of the chancre, with corresponding glandular enlargement, so well marked.

3. The limitation of the lesion to the affected side.

4. The difficulty in deglutition, and even pain, which is referred to one side.

5. The history of the evolution of the syphilis, the absence of chancre from other parts, especially the genitals, and the much less indurated condition of the ganglia seated elsewhere. Those that are seated at a distance may not be affected until near the date of the evolution or secondary manifestations.

Texan Infant Diet and Texan Medical Editors.—In a paper recently published in the Medical and Surgical Reporter, the writer, Professor Vanderbeck, declared it to be a common practice for the mothers of Texas "to chew the food for their children, regurgitate and spit it out, and then feed it to them." He took occasion to condemn this alleged practice, and in doing so instituted some comparisons which can scarcely be said to be either savory, or complimentary to our Texan compatriots: "The bitch will often throw up her food and then feed the vomit to her young; but, doubtless, many of my readers imagine in our own land our citizens could not practice a similar custom. Snakes and snails,

rats and cats, toads and spiders are a luxury in comparison with such a diet. We scorn the diet of the Australians, Zulus, and barbarians; but behold within the jurisdiction of the stars and stripes a people feed on vomit and chewed food!" It is a common practice with many mothers outside of Texas to saturate with their saliva the farinaceous pap which they feed their infants, by putting the teaspoonful into their own mouths, before giving it to the child. They, of course, can give no intelligent reason for this custom, but the physician knows it to be an instinctive act and strictly physiological. Before the eruption of the deciduous teeth the salivary glands lie dormant, and thus do not furnish the necessary ferment for the conversion of starch into dextrine—a conversion essential to the proper digestion of starch. The mother thus instinctively supplies the principle lacking which the exhibition of starch to the toothless child would be to expose it to serious danger from intestinal disturbance. This crude and, perhaps, not altogether cleanly means of supplying such food with its necessary digestive ferment, is probably all of which the mothers of Texas are guilty, and if so the characterization which Dr. Vanderbeck gives it is quite gratuitous, and it is not strange that our southern brethren, noted as they are for their chivalry, should very warmly resent the insult. The Courier-Record of Medicine is unable to restrain itself within "the bounds of propriety and patience," and applies to the Philadelphian epithets not strictly parliamentary. It, moreover, yearns for an opportunity to adorn him with a coat of tar and feathers, which it intimates is in store for him when he visits the lone star state.

But, while we sympathize strongly with our Texan contemporary we cannot but admonish it not to suffer its indignation to do violence to its sense of justice. The admonition is necessary because of an editorial in its October issue. In this, as if it could not wreak becoming vengeance on Dr. Vanderbeck, the contributor, it calls for the punishment of the journal to which he writes, and to that end asks that the profession of Texas boycott the Medical and Surgical Reporter. This is manifestly unfair. No rule of journalism is better established than that the journal is not responsible for the views of its contributors, and to attempt to punish our contemporary for the views of Dr. Vanderbeck is a procedure which must be discountenanced by the whole editorial fraternity.

Sanitary Condition of the Wayne County Poor-house.—We have been permitted to read the forthcoming report to the Michigan State Board of Health by Dr. Henry F. Lyster, chairman of a committee appointed by the board to examine into the sanitary condition of the almshouse of Wayne county. The report contains many statements bearing on this condition which are far from complimentary to the authorities. In the matter of ventilation, there is an entire absence of any attempt at compliance with sanitation. The requirements of health are variously estimated at from 1,000 to 3,000 cubic feet of fresh air per hour. In one ward in the Wayne County Poorhouse the inmates are provided with only 240 cubic feet, not per hour, but for *the whole night*—a veritable black hole of Calcutta, and in a public institution within an hour's ride of a city of schools and churches!

The report doubts, as well it may, whether this condition of affairs is paralleled outside of the floor lodgings of a few of the tenement houses of New York, Liverpool and Glasgow.

At the date of the inspection, the inmates numbered five hundred and nine (361 men, 113 women and 35 children), exclusive of two hundred and ten patients who were confined in the asylum for the insane connected with the poorhouse. Of this number the committee adjudged fully fifty per-cent of the men to be capable of earning a livelihood by manual labor. If such be the case certainly their support at the public expense is an abuse of charity, to say nothing of the demoralizing effect of the comparatively luxurious idleness on the malingerers. The committee suggest some wholesome methods for the reform of this flagrant abuse.

In the insane asylum the committee were sorry to notice that the laudable efforts of the superintendent of the poor to ventilate the new additions which have been erected, were likely to prove a failure from the adoption of a very defective plan. The ventilating flues are all in the outside wall, with registers near the ceilings. These flues conduct into an open garret and a latticed cupola in the centre of the garret opens a way out in case the air is warm in the garret. The objections to this plan are too numerous and two obvious to require especial pointing out. Warm or heated air must be the motive power in efficient ventilation, and the warm and used air must be supplied by fresh air which must be previously warmed. With the exceedingly defective ventilation at our county poorhouse it would be vain to look for that improvement in physical tone and strength to the lack of which pauperism is so largely due. Until our authorities recognize the fact that physical reform must precede moral reform, our public charitable institutions must continue to be harmful rather than beneficial to the recipients of their benefactions.

Corrosive Sublimate Dressing for Wounds.—Sir Joseph Lister delivered an address before the London Medical society on the 20th ult., on "Corrosive Sublimate as a Surgical Dressing," which is published in the British Medical Journal of the 25th. He declared again his confidence in carbolic acid as an antiseptic but admitted that the methods of its application which had been employed had been defective, and quite unavoidably so because of the volatile nature of the acid. This property places the profession entirely at the mercy of the manufacturers of the gauze, which also deteriorates, with

age, and Sir Joseph was stimulated by the defect to look for a substitute which might not be objectionable on that score, and the result has been his attachment to sero-sublimate dressings.

Since the publication of Koch's classical research on disinfectants, numerous attempts have been made in Germany to introduce corrosive sublimate as a dressing for wounds, but as yet the success attained is very doubtful. The dressings have been found to be often very irritating, sometimes they have caused symptoms of poisoning, while the histories of the progress of the cases render it very doubtful whether in many instances a truly aseptic result has been obtained. Without going over the experiments narrated in Sir Joseph Lister's paper, we shall give, briefly, his results. He finds that sublimate combines with albumen to form not an albuminate, properly speaking, but a simple mixture of the two, and that this mixture is much less irritating than a watery solution of corrosive sublimate; and serum which has been passed in small quantities through a gauze containing sublimate will not undergo decomposition, though inoculated with putrefying materials. A large amount of corrosive sublimate must, however, be present in the gauze, in order to obtain this result, more especially if blood, instead of serum, be used for the experiment. As the result of the discovery of the less irritating nature of the combination of albumen and sublimate, a sero sublimate gauze has been prepared. This is easily made by soaking gauze in serum containing sublimate; for, though precipitate forms on first adding sublimate to albumen, this redissolves in excess of albumen. Sir Joseph Lister finds that a sero-sublimate gauze containing 2 to 4 per cent. by weight of sublimate, is apparently non-irritating; while, at the same time, it is an effectual antiseptic dresssing. Whether this gauze will supersede carbolic gauze, or whether objections may not be found to it, can only be determined as the result of more extended trial and investigation than that to which it has as yet been subjected. In any case, the sublimate cannot, as far as is at present evident, supersede carbolic acid for the purification of instruments, sponges, and the skin, or for the spray.

Midwifery as a Moral Training.—Dr. J. Milner Fothergill gives in his London letter to the Philadelphia Medical Times, of 1st inst., a very readable resumé of a recent address on Midwifery as a Moral Training, by Dr. Champneys, the Assistant Obstetric Physician at St. George's Hospital The address opened with an analysis of the motives which lead men to enter the medical profession. Among them are, "first, the hope of being stamped or marked by the profession, and, secondly, the hope of leaving their stamp or mark upon it." He thought it spoke well for medicine that "our ranks are constantly swelling, and swelling with men whose education and social status appear to improve every year, in spite of the fact that its members are comparatively poor." Then he made a quotation. "There are three things which a poor man cannot afford to keep—pride, a horse, and a conscience. All undoubtedly involve an outlay, or, in other words, a loss of money; but the first and third must be kept at all price, and the second acquired when necessary." He was glad that midwifery now had a recognized position, and that "it is now practically impossible to gain possession of any respectable diploma without the acquisition of a tolerable knowledge of midwifery and the diseases of women." He pointed out that in practice such knowledge, "almost more than any other," stands the practitioner in good stead, especially in the early part of his career; and, though neither have for years come specially under the writer's notice (except so far as disturbances connected with their sex are inseparable from women's troubles—whatever they ail, and that is almost always), he can fully indorse the lecturer's view. Women are grateful for knowledge which applies specially to themselves, and, what is more, their gratitude is rarely a purely negative matter with them. After which he pointed out how association with woman in her hour of need brought out the higher and better qualities of a man, and spoke truth therein. "To be a good practitioner," he remarked, "you must also have 'clean hands' (antiseptically as well as ethically) and a pure heart." He thought that watching nature manage her own affairs was a good broad rule: the more intimately a man knew her ways, the sooner he would be able to detect the first beginnings of mischief. The whole study of pregnancy and parturition he thought most excellent mental and moral training.

How to Reduce Obesity.—Fat which in normal quantity gives to "the human form divine" the beauty of poetic symmetry and outline, when in excess of such normal quantity not only destroys this beauty, but also unfits the body, to the degree in which it is in excess, for the performance of its full functions. For these reasons obesity is, as a rule, much dreaded by the æsthetically inclined, and regarded by those who look at it with a medical eye, as a menace to health and even life. The methods which have from time to time been suggested for its reduction have, therefore, always been regarded with interest. Those which up to within the past year or so have been most favorably received, are the original Banting system, which eliminates all sugar, starch and fat from the dietary; the modified, or German, Banting, which allows fat, but forbids sugar and starch; and the Munich system, which consists in clothing the person in wool, and sleeping between flannel blankets instead of cotton sheets. Various "anti-fat" nostrums and sundry drugs have from time to time been highly recommended, but experience has shown them to be useless to the desired end, unless supplemented with proper exercise and proper adaptation of the amount and quality of the food to the demands of the system. The latest

system which has received serious attention is that known as the Schweninger system, by means of which Prince Bismarck is said to have reduced his adiposity. It consists simply in abstaining from drinking while eating, allowing an interval of at least two hours to intervene, before and after each meal, without partaking of fluid of any kind. Doubtless, much of the existing obesity is due to a water-logged condition of the system, and we are not surprised to learn that one who partakes of the copious libations in which Bismarck is reported to have indulged, should have his corporosity reduced through shutting down on his "wet food." It should be borne in mind that no system of "reducing flesh" is reliable which permits of over-indulgence in food and habits of idleness. The active, abstemious man is not apt to become gross, and activity of bodily exercise and abstemiousness are, after all, the most reliable and the least dangerous methods of reducing the body to its normal dimensions, and keeping it there.

THE USE OF JEQUIRITY.—It was very natural that a remedy which such an ophthalmologist as de Wecker had found to produce hitherto unheard-of results in granulated lids, should receive the close attention of the profession. The trials to which it was promptly subjected proved it, however, to be a remedy of great power for evil as well as for good. In this regard it does not differ from many other valuable drugs, for the majority of these demand circumspection in their use. The promiscuous employment of it in untrained hands was, therefore, productive of a number of accidents, and the consequence was that few general practitioners could summon sufficient temerity to use it. And this distrust has not been confined to general practitioners, many ophthalmologists having discarded it after having either witnessed untoward results from it or read of such results in the practice of others. Dr. Knapp, the New York ophthalmologist, is said to have discarded it after having seen disastrous results following its use, and others scarcely less noted than he, following his example, have gone back to the unsatisfactory treatment in vogue before its introduction. On the other hand, there are many prominent ophthalmologists with whom increasing experience in its use has served but to increase their esteem for it. These contradictions are certainly very anomalous. We are convinced of the great value of jequirity, having seen the most convincing results from its use, and can only account for the discrepancy in the general estimate on the supposition that there is "reason in the madness" of those who so unconditionally condemn its use. Doubtless, the general use by the general practitioner of an agent of such active properties on such a delicate structure as the eye would be productive of disastrous results. Is it not the realization of this fact which has prompted many of our leading ophthalmologists to condemn it? Realizing its power for evil do they not wish (and the motive is not an unworthy one) to confine its employment to the practice of those who make a special study of the eye and its diseases? Our suspicions may be groundless, but they are strong enough to cause us to give tongue to them.

THE MEDICINES PHYSICIANS USE. — Squibb's Ephemeris gives an analysis, containing some points of interest, of some observations made by Dr. Wm. P. Bolles on the prescriptions which he found on the files of three Boston pharmacists. The number counted was 3,726, which were pretty generally from physicians of that city. The number of articles entering these prescriptions was 504, the whole number contained in the U. S. P. for 1880 being 994. Of the 504, 236 occurred 5 or more times; 157, 10 times; 80, 25 times; 27, 50 times; 9, 100 times; 1, 200 times. Sulphate of quinine leads the list, and is found in 292 of the 3,726 prescriptions; sulphate of morphine in 172; bromide of potassium in 171; iodide of potassium in 155; tincture of chloride of iron, 134; subnitrate of bismuth, 133; glycerin and syrup taken, 120; syrup, 108; carbolic acid, 92; extract nux vomica, 87; paregoric, 80; bicarbonate of soda, 77; calomel, 72; chlorate of potassium, 71; compound tincture of gentian, 67; lime water, 65; and so on down. It will be thus seen that of the 994 articles of the Pharmacopœia only 18 occur more than 65 times in 3,726 prescriptions, and of these 17 three are vehicles or adjuncts which are in such common use as to bring their numbers into prominence. Dr. Squibb regards it as surplusage of a very useless kind to have a drug in substance, in *abstract*, *decoction*, *infusion*, *extract*, *fluid extract*, and *tincture*. He says the individual habits of physicians are the cause of much of this surplusage. One of the remedies for this evil he points out as follows: "The individual preferences of physicians are largely prejudices adopted from teachers in the schools, and, therefore, if the schools would but reason upon the subject, and direct only the best preparation of each drug, a needed reform in the Pharmacopœia would soon follow, and the pharmacist's supplies would be much fresher and more trustworthy."

VANDERBILT'S GREAT GIFT.—The most munificent gift of recent years to the cause of medicine, is that just made to the College of Physicians and Surgeons, of New York, by W. H. Vanderbilt. Unsolicited and absolutely uninfluenced, the American Crœsus unlocked his coffers and extracted therefrom five hundred thousand dollars, which he handed over to aid a medical institution to effectively do its work! Truly, now that Vanderbilt has done this thing, those who have declared the utter hopelessness of attempts to touch the hearts of the rich with appeals based on what medicine is doing in a philanthropic direction, must for ever after hold their peace. The opinion which this man of fabulous wealth entertains of the public is so well-known, that when he opens his purse in the cause of hu-

manity and science we are constrained to believe that we are, on the eve of some great convulsion among our millionaires, which will redound to the interests of the people. It is said that Vanderbilt, who has a weakness fof horse-flesh, was melted by the sight of a boy who had been "runned over by a flyer" and was crippled for life by the accident. He had been to the clinic of the College of Physicians and Surgeons, but the finances of that institution would not permit it to furnish gratuitously the appliances and treatment necessary to his restoration. Vanderbilt accordingly determined to place it in a condition in which "boys runned over by flyers" could have appropriate care. The boy and the college are both to be congratulated on their good fortune.

THE MURIATE OF COCAINE.—Reports of the use of this salt continue to pour into our eastern metropolitan exchanges, and, almost without exception, they confirm the belief that there has been discovered a drug of immense value as a local anæsthetic, particularly to mucous surfaces. Its action is, however, by no means confined to the eye. It has been used to allay the irritability of the urethra in a case in which the passage of the catheter caused extreme pain, and under its use one reporter was enabled to perform, with a minimum amount of pain, two operations for the relief of laceration of the cervix uteri, while it is said to have also caused such anæsthesia of the skin over a boil as to have permitted its free incision without suffering.

Naturally, the wonderful results above hinted at have caused an immense demand for the drug, and, we are informed, the stock on hand in our American drug houses was very promptly exhausted. Supplies are, however, now on the way from Europe (Merck's laboratory), and in a few days at furthest there will, doubtless, be enough in stock to meet immediate demands. The price of the salt is necessarily high, the coca erythroxylon yielding only a fiftieth of one per cent. of the alkaloid. The price will, therefore, probably not get much below fifty cents a grain. A two-per-cent. solution would, at this price, cost about $5.00. This price will interfere with its general use.

DIAGNOSIS BY BLOOD MICROSCOPY.—The Medical Press and Circular reports that at the meeting of the French Association for the Advancement of Science, last month, M. Hayem read a paper on the examination of the blood as an aid to diagnosis in acute disease. His idea is to watch the phenomena of coagulation under the microscope, and thus to estimate the quantity of fibrin the blood contains. After describing the apparatus he uses, he laid down certain general principles as the result of his studies. If the blood was found to coagulate without giving rise to a fibrinous reticulum, pyrexia might safely be diagnosed, probably typhoid fever; if, on the other hand, there was an increase or thickening of the fibrin of the blood, typhoid fever could be excluded. In other febrile states the fibrin was increased, and this fact served as a diagnostic point differentiating them from typhoid fever. Some inflammatory diseases, however, formed an exception to this rule, and were not accompanied by any increase in the fibrin. As an instance of such exception he mentioned typhoid pneumonia, but when pressed for an exact definition of this disease, as apart from acute pneumonia, he was obliged to admit that the matter was one of great difficulty.

STRICTURES.—In a collection of Medical Rhymes, just issued, and which we shall notice under the proper head in our next, we find the following on Strictures, reproduced from the Western Lancet of 1857. The lines were left on his doctor's table by a patient who was about to start for the Niagara Falls, "where the water runs down hill, with nothing on earth to hinder it":

"When sorrow's cloud is cast athwart
The sunshine of my mind,
When I, with gloomy care distraught,
No recreation find;
When sighing o'er my hapless lot,
And what I used to be,
I'll seek some quiet, tranquil spot,
And pass a small bougie.
Let strictures on my conduct pass;
Unnoticed let them be;
A stricture somewhere else, alas!
Is more deplored by me.
In hope this blight on manhood's bloom
I yet effaced may see,
I'll hie me to my quiet room
And pass a small bougie."

A BISMUTHIC HAIR DYE.—The following formula for a hair dye, "containing no lead and absolutely harmless," is credited to M. Naquet, who publishes it in Moniteur Scientifique: Dissolve bismuth in the smallest possible quantity of nitric acid—nearly three parts—and to this solution add a watery solution of tartaric acid equal in weight to a fourth of the bismuth used. Then add enough water to precipitate the bismuth. The precipitate is then filtered and washed with water until the washings have lost all their acidity. The precipitate is then dissolved in a solution of ammonia—of which about a fluid ounce will be required for each ounce of the bismuth used. Hyposulphite of soda—three-fourths of the weight of the bismuth employed—is then added, and when the salt is dissolved the mixture is filtered and preserved in well-stoppered bottles. The dye is the sulphite of bismuth, which is deposited through the evaporation of the ammonia on exposure to the air.

Effect of Alcohol on Arteries.—Dr. Loomis, of New York, on presenting a case of aneurism to his class made the following pointed statement touching the causative relation of alcohol to this accident: "A man can take two or three glasses of stimulatns through the day, as he may feel the inclination, and he may continue this habit for perhaps twenty years without any evident harm accruing from it; but, when this man reaches that period of life when the vital powers are on the decline, he suddenly feels himself old before his time, for he has all these years been laying the foundation of a chronic endoarteritis. I believe, gentlemen, that fifty per cent. of all diseases arise from the use of alcoholic stimulants. The more I see of disease, the more I am convinced that, as a rule, a man in young just in proportion as his arteries are healtby, and old as they are diseased."

Embolism Following Scarlatina.—Dr. J. P. Newton, of Benson, Vermont, writes: C. B. Chapin, M. D., East Saginaw, Mich, reports a case of embolism following scarlatina, and wishes to know if any other physician has known similar squelæ following scarlatina. I had a case a few years ago, of thrombus, following scarlatina. The thrombosis occurred first in the femoral vein of the left leg, and then in the right, with grave constitutional symptoms attending it. My patient, however, under a stimulating treatment of brandy, quinine, and iron, made a good recovery. Embolism and thrombosis are so closely allied that I thought this would be of interest to your correspondent.

A Death from Chloral Hydrate.—A young man in this city, who had been in the habit of taking chloral for insomnia, due to alcoholic excesses, gave instructions to his druggist to prepare him a mixture of double the strength of that which he had been in the habit of taking, declaring that the usual dose was losing its effect. Repairing to his room he took of the mixture an amount which was subsequently estimated to contain in solution, three drachms of chloral. His death followed inside of half an hour, under symptoms of heart failure.

Paste for Comedones.—Dr. A. Van Harlingen recommended at the last meeting of the American Dermatological Association the following formula for a paste for the removal of comedones (acne); it was first guggested by Unna: Glycerine, 3 parts; vinegar, 2 parts; kaolin, 4 parts.

The conveniencies of our modern inventions are, to an extent, off set by drawbacks. For instance, the telephone with the mischievous girl at the central office. A secular contemporary reports the following case: A husband calls up a doctor and tells him his wife has "a severe pain in the back of her neck, and complains of a sort of goneness in the stomach." "She has malarial colic," returns the man of medicine. "What shall I do for her?" asks the now anxious husband. The wicked girl at the central now switched off to a machinist who was talking to a saw mill man about his boiler, and this is the advice which falls on the husband's tympanum: "I think she's covered with scales inside about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it on the fire plug and wash her out." The doctor and the husband do not now speak as they pass by, and the doctor has found the telephone too expensive a luxury for further continuance.

A number of medical men connected with the German public health and military services are now undergoing a course of practical instruction in the Imperial health office, at Berlin, in the methods of research along the lines suggested by the discoveries of Koch, Gaffky and others. This is certainly a very important work and one which should not be confined to Germany, if the great possibilities which these discoveries have caused us to hope for are to be realized. The practical benefits likely to accrue from a knowledge of the existence of the bacillus without a familiarity with the methods of discovering and not destroying it, are not obvious.

The next annual meeting of the American Laryngological Association will be held in Detroit in June 1885. This body of scientific workers, besides the special attention which it gives to diseases of the throat, is engaged in a systematic study of climatology with reference to its bearings on the treatment of consumption. We congratulate it on its selection of "the most beautiful city on the continent" for its next place of meeting, and thank Dr. E. L. Shurly for exerting his persuasive powers, in inducing his collaborators to come here. The Association will be becomingly welcomed.

San Francisco dentists have a unique way of getting satisfaction out of delinquent debtors, as is evident from the report of a case recently tried in that city. The dentist after filling his patient's teeth demanded $22.50 for the job. This the patient refused to pay, claiming that the contract price was $17.50, which amount he tendered. The dentist thereupon, *vi et armis*, removed the filling. The court did not regard this procedure as coming within the rules governing legitimate business relations, and accordingly the jury awarded the patient a verdict of $217 50, together with the costs of the suit.

The annual meeting of the New York County Medical Society (New Code) was held on the 27th ult. Dr. Daniel Lewis was elected its president for the ensuing year; Dr. Lawrence Johnston, vice-president; Dr. Wesley M. Carpenter, secretary; and Dr. O. B. Douglas, treasurer. A feature of the

meeting was the unanimous election to membership of two gentlemen who had been classed as homœopaths—probably from the fact that they recognize the law of similars as one of the laws governing therapeutics.

Another full purse has been tapped in the interests of medicine. This time it is in Europe where the late Countess Bose, of Cassel, bequeathed a sum equal to about $200,000 to the University of Berlin, to be devoted to the interests of poor medical students. Now that this sort of thing has begun, who can predict the area of its contagious influence? The time may be nigh at hand when the struggle for existence can no longer be urged as an excuse on the part of medical colleges for turning adrift on the public incompetent graduates.

The General Medical Council have been considering a proposition to raise the limit of age at which legal qualification to practice medicine shall obtain. A definite motion to fix this limit at twenty-three years was voted down, but there is an evident feeling abroad that the average man of twenty-one, though he may be fitted by study, is scarcely qualified by clinical experience to assume the grave responsibilities attaching to the practice of medicine.

The College of Physicians and Surgeons, of New York, has purchased with a portion of the half-million which Vanderbilt gave it, the western portion of the block bounded by 9th and 10th avenues and 59th and 60th streets. This site is directly opposite the grounds of Roosevelt Hospital. The new college building to be erected will cover a space of 200 x 300 feet.

Dr. A. Hughes Bennett: According to the respect with which the physician treats his own calling, and the courtesy and forbearance he exercises towards his colleagues, so will he raise his profession in the eyes of the world. Just as his relations with the public are dignified and honorable, so will he elevate himself above the adventurer and the charlatan.

A New York dentist recently received the following specifications for a set of artificial teeth: "My mouth is 3 inches acrost, $\frac{5}{8}$ inches through the jaw. Sum humocky on the edge; shaped like a horseshoe, toe forward. If you want me to be more particular I shel hav to cum thar. Yours truly ————."

A patient who manifestly mistook the fever thermometer for a catheter, somewhat nonplused her doctor when he was about to take her temperature, by volunteering the information that she had just urinated.

"Cocainization" is a new word, rendered necessary by the recent discovery of the obtunding property of cocaine when applied to mucous membranes.

DISEASES OF THE THROAT AND NOSE, Including the Pharynx. Larynx, Trachea, Œsophagus, Nose and Naso pharynx. By Morell Mackenzie, M. D., London, Consulting Physician to the Hospital for the Diseases of the Throat, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians at Vienna. Vol. II. Diseases of the Œsophagus, Nose and Naso-pharynx, with Index of Authors, and Formulæ for Topical Remedies. Illustrated.

Philadelphia: P. Blakiston, Son & Co.
Detroit: John MacFarlane.

The volume before us completes Dr. Mackenzie's great work on Diseases of the Throat and Nose. For the thoroughness of its treatment of the subject, and for the weight of authority which attaches to its utterances the work is unexcelled if, indeed, it is equalled by any treatise on the same subject extant. The first volume, which was given from the press several years ago, and which is complete in itself, being devoted to diseases of the pharynx, larynx, and trachea, was sufficient to whet the professional appetite for the second, and to cause some impatience at the delay in its appearance. This delay, we are informed in the preface, was lengthened in consequence of a fire, in which an entire edition was destroyed, necessitating a reprinting from the proof sheets, which had fortunately been preserved by the author.

The first section of the volume is devoted to diseases of the gullet and its list of the ailments to which this tube is subject, will, we are convinced, be a surprise to the general practitioner. It is very probable that he often, from sheer ignorance of their existence, overlooks them, and a perusal of this section may be useful to him, in the light which it may throw on an occasional obscure case.

The second section treats of diseases of the nose, premising its treatment with the anatomy of the nasal fossæ, explicit instructions in rhinoscopy, and a description of nasal instruments. Among the latter we are pleased to observe that prominence is given to the nasal shield invented by our townsman, Dr. E. L. Shurly. In his treatment Dr. Mackenzie is eminently practical, and a knowledge of his methods, the outcome of an immense experience, cannot fail to prove very helpful to those who are dependent on the authorities for guidance in this direction.

The concluding section is devoted to diseases of the naso pharynx, and among these diseases chronic catarrh has especial interest for the American practitioner. This disease is so prevalent in this country as to have won for it in Europe the name of "American catarrh." Dr. Mackenzie was struck with its prevalence during his recent visit to this country. He found it to exist most abundantly between latitudes 44 and 38 degrees. It is most abundant in cities where there is an abundance of dust, and Dr. Mackenzie accounts for its increased prevalence in this country as compared with Europe, through the fact that the cities of the old world are comparatively dead, whereas American cities are the scenes of a

ceaseless activity, which is favorable to a production of irritating dust.

An appendix to the volume gives a collection of special formulæ for topical remedies which will repay careful study.

A Practical Treatise on Diseases of Children. By Eustace Smith, M. D., F. R. C. P., Physician to His Majesty, the King of the Belgians; Physician to the East London Children's Hospital, and to the Victoria Park Hospital for Diseases of the Chest.

New York: William Wood & Co.
Detroit: John MacFarlane.

This is a volume of 844 large 8vo. pages, and printed in solid brevier type. A volume of this size thus printed, contains a vast amount of matter, and the book before us is one of the most, if not the most, voluminous treatises on its subject extant. Its writer is, moreover, an acknowledged authority, and we, therefore, take it up expecting to find it a model treatise.

The introductory chapter contains twenty pages, and if the balance of the book had been blank pages, this chapter alone would be worth the price at which the volume is sold. It is devoted to general instructions touching the handling of the sick child, and it would almost seem that if its every word were burnt into the memory of the practitioner, further instructions in the special diseases which are considered in the book proper, would be superfluous. The little child is by no means a piece of mechanism, the workings of which may be controlled by drugs. It has a peculiarly susceptible nervous organization, and it is influenced by the demeanor of the physician to a greater extent than is commonly conceived. Dr. Smith's instructions are calculated to assist the physician in getting down near the delicate organism, and treating it intelligently on general principles.

The body of the book is devoted to all the diseases to which the child is subject, and is not confined to such as occur in the child alone. He has not, as he states in his preface, hesitated "to admit into his pages descriptions of every form of illness which is capable of being influenced in its manifestations by the early age of the patient. Those only have been purposely omitted which, like diabetes, present exactly the same characters in the child that they do in the adult." The book is thus more of the nature of a work on the practice of medicine than is the case in the usual treatises on pædiatrics.

It is manifestly impossible for us within the limits of our space to give an exhaustive review of a work of this magnitude. It must suffice for us to say that a careful reading of it has so convinced us of its great value, that we do not hesitate to recommend its addition to the list of such practical treatises as the physician finds it necessary to have beside him for counsel and guidance. The author's style is very agreeable, and the reader receives the impression that he is being treated to knowledge which is either the outcome of, or is corroborated by the experience of an honest and close observer who has enjoyed unusual facilities

The paper and letter press are such as the profession confidently expects in every work issued by Messrs. Wood & Company.

The Ear: Its Anatomy, Physiology, and Diseases. A Practical Treatise for the Use of Medical Students and Practitioners. By Chas. H. Burnett, A. M., M. D., Professor of Otology in the Philadelphia Polyclinic and College for Graduates in Medicine; Consulting Aurist to the Pennsylvania Institute for the Deaf and Dumb; Aural Surgeon to the Presbyterian Hospital, Philadelphia; President of the American Otological Society. With one hundred and seven illustrations. Second Edition. Revised and Rewritten.

Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

It will, doubtless, surprise the general practitioner to learn that a volume of nearly 600 octavo pages can be written on the ear and its diseases. There is, probably, no organ of the body of which so little is generally known, and the diseases of which are so little understood, as that of hearing. Oculists usually combine diseases of the ear with their eye specialty, but even among them that organ is too commonly a *terra incognita*. Their treatment of ear diseases is at all events much less satisfactory in its results than is that of diseases of the eye. Among general practitioners the therapeutics of ear affections is generally exhausted with measures, more or less empirical in their nature, to relieve pain and allay inflammation. This is a somewhat anomalous condition of affairs in this progressive age, and it is probably chiefly due to the lack of literature on the subject. This cause is very effectually removed by Dr. Burnett's book. It is divided into two parts, the first being devoted to the anatomy and physiology of the external, middle and internal ears, and the second to their diseases and treatment. This part includes a description of the various ear instruments and the methods of their employment. A section in it is devoted to a consideration of deaf mutism, and to the methods to be adopted in teaching partially deaf children.

The book is one which the specialist has found to be indispensable, and its perusal by the general practitioner would have the effect of preventing many of the disastrous results which specialists are, as a sort of *dernier ressort*, called upon to treat, too often after treatment is, in the very nature of the case, ineffectual.

A marked feature of the therapeutic portion of the work is its attention to constitutional treatment. The author does not make the mistake, to which specialists are prone, of regarding the organ to which they devote especial attention as the centre around which the rest of the body revolves.

The book is issued in Messrs. Lea's Son & Company's usual style, and thus leaves nothing to be desired on the score of mechanical execution.

Leffel's House Plans.—Published by the Mechanical News, 110 Liberty St., New York. Price, $2.00.

This is a book of 224 pages, containing upwards

150 illustrations comprising elevations, plans and descriptions of forty houses costing from $500 to $3,000 each, and adapted to families having good taste and moderate means; it also includes six prize plans in the Mechanical News competition. An examination of the book has convinced us that it will prove a valuable guide to those desiring to build a good house for the smallest amount of money. Singular as it may seem, there are a number of medical men comprised under this head, and to such our commendation of the book is especially directed. While we believe in a proper division of labor and cannot, on general principles, advise a man to be his own architect, any more than we could conscientiously advise him to be his own doctor, we, nevertheless, believe that with such a book as that before us for his guidance, he could give an architect instructions which would enable that gentleman to more successfully embody the builder's idea. No man who wants to build a cheap house but will find two dollars invested in this book, money well invested.

A Practical Treatise on Palatable Prescribing, containing the Favorite Formulary of the most eminent English, French and American Medical and Surgical Authorities of the age. Compiled by B. W. Palmer, A. M., M. D., Author of Favorite Prescription of Distinguished Practitioners, Member of the New York County Medical Society, of the N. Y. Medico-Legal Society, etc. In one handsome 8vo. volume of about 150 pages. Flexible cloth. Price, $1 00.

Detroit: George S. Davis, Medical Publisher.

The above volume is announced to shortly appear. Its title suggests very clearly its object, and shows it to be a concession to the growing demand for palatability in prescriptions—a demand, by the way, which no physician can longer afford to ignore, from a pecuniary point of view. The book will embrace a resumé of the most eligible prescriptions for the administration of new remedies, in which particular it will supply an existing want.

The Medical Record Visiting List—Annual or Perpetual. —Contents: Preface—Contents—The Metric System—Thermometric Scales—Table of Signs—Almanac—Table For Estimating the Probable Duration of Pregnancy—Approximate Equivalents of Small Weights—Doses of Drugs used for Subcutaneous Injection—Doses of Common and Rare Drugs—Drugs Suited for Atomization, Inhalation Doses, etc—Disinfectants—The Urine: Amount, Color, Odor, Chemical Analysis—Poisons and their Antidotes—Emergencies—Facts—Lister's Antiseptic Solution—Treatment of Asphyxia from Various Causes—Visiting List with Special Memoranda—Consultation Practice—Obstetric Engagements—Record of Obstetrical Practice—Record of Vaccination—Register of Deaths—Nurses' Addresses—Addresses of Patients and others—Cash Account. Prices: For 60 patients a week, handsome red or black seal skin binding, wallet style, silk paper and calf lining, with or without dates, $1.50. For 30 patients a week, same style, with or without dates, $1.25.

Courier-Review Call-Book—A Physician's Pocket Reference Book and Visiting List. Arranged and Prepared by E. M. Nelson, M. D., Ph. D., editor St. Louis Courier of Medicine; Physician to St. Louis Protestant Hospital, etc.

S. Louis: J. H. Chamber & Co.

This physician's visiting list is adapted to any year, and is ruled for the usual minutes which the practitioner wishes to make. The list proper is preceded by 26 pages devoted to the various matters on which the doctor's memory is apt to require refreshing in emergencies, including a very complete posological table, instructions for the reduction of the thermometric scales, diet table for diebetics, etc. It is an excellent call book.

Account of a Tumor Containing Hair, Bones, Teeth, etc., found in the Abdomen of a Man; with Remarks on Dermoid Cysts.

BY HAL. C. WYMAN, M. D., PROFESSOR OF PHYSIOLOGY AND HISTOLOGY IN THE MICHIGAN COLLEGE OF MEDICINE, DETROIT.

John H., aged 36 years, was admitted to Michigan College of Medicine Hospital late in August, under the care of Dr. George, of this city. He had been the subject of hydrocele of the left scrotal sac, and had been treated by injection of iodine, and after that treatment he found it necessary to consult Dr. George because of severe pain in the left iliac region, general swelling of the left thigh and leg and a putrid state of the scrotum. At the suggestion of Dr. George I saw the case with him, and together we diagnosed septicæmia and decided to remove by section all scrotal tissues that were in a putrid state. The scrotal veins were observed to be greatly distended as were also the epigastric and circumflex iliac veins.

We attributed the swollen and œdematous condition of the left thigh to obstruction of the left iliac veins and lymphatics, but could not make out by most careful palpation any tumor within the cavity of the abdomen. Immediately above the crest of the left ilium was a deeply puckered scar which the patient told us was the result of an abscess which followed a saber wound received in Germany seven years ago. We supposed that the venous obstruction resulted from deep cicatrization growing out of that wound, and which had become reinflamed by the untoward effects of the iodine injection.

A free incision was made in the scrotum and a large mass of putrid tissue, including the broken down testicle, was taken away. Owing to the venous obstruction before mentioned, the hemorrhage from this wound was severe and was controlled only by packing the scrotal cavity with oakum and compressing the scrotum over it with a firm bandage. The patient rallied slowly from the operation and after a few days appeared to be improved. The wound became or rather continued œdematous, swelling of the limb remained the same, and the patient died of exhaustion after four weeks of this sero-sanguinolent discharge from the scrotum.

Autopsy 20 hours after death in the presence of

the students of the Michigan College of Medicine revealed a dermoid cyst situated just beneath the left kidney, apparently invested by the same capsule and extending downward and toward the median line sufficiently to embrace the left spermatic and iliac veins, which were found obstructed by coagula.

The tumor was about the size of a large orange and was flattened in its antero-posterior diameter. It was found to communicate with the deep scar above the crest of the ilium and at the point of the union with cicatricial tissue a small abscess was ruptured in attempting the removal of the tumor. Judge of my surprise on feeling with my finger in the abscess, teeth and bone and hair. After considerable effort the tumor was removed apparently from between the layers of the peritoneum and laid open by incision. It presented a conglomeration of all the tissues of which the human body is composed, with just enough of each to suggest its nature. I could not pronounce it other than a dermoid cyst formed for no other end than to play the mimic in the animal kingdom.

Dermoid cysts, containing hair, bone and teeth, are found in both male and female, usually in connection with the testicle in the male, or ovary in the female, but may be found in other parts of the body. Some of these cysts contain only hair matted in sebaceous matter, and growing from structures analogous to the derma. Others give rise to warts and horny substances, while some contain also bone and teeth, and sometimes masses of striated muscles and medullary nerves. Mr. Barnes, of Exeter, England, once found a dermoid cyst containing more or less perfectly formed teeth, in the cavity of the orbit. Some authors claim these cysts to be the remains of blighted ova, on account of the fœtal debris which they contain. Others claim them to proceed from an inverted integument, or enlarged cutaneous follicle. Cornil and Ranviers claim that these cysts cannot be the result of fœtal inclusions, even though there are often found long bones, and plates of bone resembling the skull, as it would be impossible to account for the large number of teeth which have been found in different cases, Reil and Autenrieth once finding as many as three hundred, although they are known to be congenital. They are caused by a vice of development in the blastodermic membrane, whereby some of the various layers get displaced in part either from injury or otherwise, and the cells get mixed up, and eventually develop, the different structures for which they were intended mixing up together in a dermoid cyst. The term dermoid is not a good one as applied to these tumors because they often contain no epithelial structures, and are composed mainly of medullary substance, nerve fiber, bone and muscle. The term was originally selected by Lebert, and has been in constant use since that time. Its traditional use is so fixed that it is doubtful whether anything better can be devised.

Thomas Young in his nosology described tumors containing hair bones, teeth, fat, etc., under the term "echynia mixtum," which further signified a tumor containing a combination of heterogenous substances.

Lawson Tait has given some attention to the mystery surrounding tumors of this character. In his work on Diseases of Women, published in 1879, he writes, "That these tumors are the result of change in an ovum is about the only part of their history regarding which there can be any certainty. But there may be doubt as to whether the abnormality takes origin in an ovum of the individual bearing the tumor, or in the ovum from which she herself was developed; in other words, whether the tumors are abnormally developed ova or are due to inclusion. That they have origin in impregnation, we may at once dismiss as excluded from serious consideration, since they have been frequently found in new-born children, and their most common seat is in the ovaries of young women, chiefly, according to Mr. Spencer Wells, of fair complexion.

The question of their origin, then, lies between the hypothesis of one effort on the part of some over active ovum in the direction of parthenogenesis which has been bas d by Dr. Ritchie on Blumenbach's less scientific and more scholastic expression of "excess of formative nisus," and the equally hypothetical process of inclusion. As far as we know anything about inclusion, it follows the usual law of teratology, that any attached individual, whether developed or blighted, is symmetrically connected. Thus the Siamese twins and the Millie-Christie monstrosity have the attachment in similar and identical structures, the one to the other, (see Violik, Von Baer, etc..). I have seen nowhere on record that any fœtal remains have been found attached to an ovary, or situated in an ovary in any way which could find it a classification under this law. The tissues met with are always rudimental, and such as, while they are the product of the ovum after conception, have no anatomical analogy whatever to the tissues of the ovary. I am disposed, therefore, to set aside entirely the view of their origin by inclusion, as the ovary is about the most unlikely structure in the embryo for such a process; and, if they had their origin in such a way, we ought to find *dermoid* cysts in the testicles of the male quite as often as in the ovaries of women.

There is only left, then, the explanation that dermoid cysts are the result of an impregnation of one or more ova; and, if I may lay down a dogma from my own dissections, I should say, of one ovum only. Dermoid cysts are generally unilocular, and, when they are not so, it is not difficult to show, as has been shown by Dr. Ritchie, and has been evident in one or two specimens that I have examined, that the secondary cysts are formed by the mother cyst, being partitioned off by the growth of ridge-like walls on the inside of the cyst. The occurrence of cysts having a structure somewhat resembling the dermoid cysts of the ovary in other parts of the body, especially in the neighborhood of the orbit, has led

to confusion in the discussion of the origin of the ovarian cysts. In the orbital cysts we have only alternations of the normal process of the involution of epithelium from which the structures are developed, and there is no mention, as far as I can find, of these extremely small congenital cysts, which never enlarge in after life, having been found to contain anything but clearly epithelial products, such as hair, dead epithelial cells, and fat. In ovarian cysts, however, the varieties of products are so great, as to put all analogy between them and inclusive cysts out of the possibilities. Thus, in one ovarian cyst, which I examined under the direction of my friend and teacher, Dr. Grainger Stewart, many years ago, in the substance of a wall between two loculi, were spread out flat bones which were undoubtedly some of the bones of the skull, and near them could be felt the representatives of the bones of a limb arranged in order. True bone is frequently found in ovarian cysts, and in some that have in them no dermoid structures at all.

Sir James Paget refers to a remarkable specimen in the museum of St. George's Hospital, which exhibits a mass of fatty matter and a lock of dark hair, one and a half to two inches long, attached to the inner surface of the dura mater at the torcular herophilli, found in a child two and a half years old, in whom it appeared to be congenital. He adds in a foot note that Dr. John Ogle, who carefully examined the specimen, was of the opinion that the cyst was originally of extra-cranial formation, but that at an early period of fœtal life, before ossification of the occipital bone had taken place, the cerebral membranes and scalp had become adherent, and that as the development of the bone went on, the outer integument was drawn in by retirement of the cerebral membranes. In this way some of the cutaneous structures had become included within the cranium. He considers that the cyst possesses characters which warrant the above supposition, and he adds that, in a similar manner, cysts within the orbit may extend into the cranial cavity. No such explanation could include the phenomena of the ovarian tumors, which contain such structures as teeth, bone, cartilage, striped muscular fibre, brain, and nerve tissue, etc. The true solution can only be found in hypererchetic development of an ovum, a cell which has in it the power of formative origin of all these structures. The process of growth of the ovum after impregnation can be followed only after the assumption, either expressed or unconsciously accepted, of such a hypothesis as is contained in Mr. Darwin's "Pangenesis." The germ contributed by the male contains, as we know, gemmæles having certain powers and functions, and we may, therefore, assume, as, indeed, we also know, that the female germ contains also such gemmæles. It may be that the ovum has in it the origin-buds of certain tissues, and that, under exceptional hypererchetic action, they may go on to the formation of these tissues without a fusion with a male germ. More careful and accurate description of what is found in dermoid cysts may help to solve this riddle; still better, perhaps, a careful consideration of what tissues are not found in them.

Bischoff and Leuckhart have both described partial development of ovules, which have been placed beyond the possibility of impregnation. Moquin-Tandon has, more recently, described analogous facts, amongst which he gives details of the process of segmentation in the ova of a frog which had been kept in confinement for four months. The segmentation was not as regular, and more rapid than in fecundated eggs which are allowed to develope at the same temperature. Sometimes death of the ovum occurred after its division into two or four segments, and occasionally at a more advanced period; but the ovule never assumed the mulberry appearance

The author considers that this incontestably proves that the ova of vertebrata, not impregnated by spermatozoa, may pass through the earliest stages of development in certain cases, the exact nature of which are at present unknown.

Sir James Paget writes: "It is, perhaps, only during the vigor of the formative forces in the fœtal or earliest extra-uterine periods of life, that cysts thus highly organized and productive are ever formed." A most important point in the pathology hangs on this sentence, and can be decided only by a determination of the age at which such tumors are most frequently found. The age at which these tumors are removed by the operating surgeon cannot be taken into account, as they are of slow growth, and have often been recognized as being present for many years without any perceptible increase. Their contents even, shows that their existence must often have been contemporaneous with the life of their bearers, for we find large balls of hair, the result of the epithelial growth and shedding of a nipple-like process not bigger than the tip of one's finger; and as over three hundred teeth have been found in one sac, and in many respects resembling milk-teeth, we may reasonably suppose that they were the repeated products of a limited dentigenous area. In one of Mr. Spencer Wells' cases, the preparation of which is in the Hunterian museum, a piece of bone was found resembling a part of the upper maxilla and sphenoid bones, and containing mature molar teeth. Let us suppose that, during the development period of life, some stimulus be given to one Graafian follicle and its contained ovum, which, for want of better knowledge we will call accidental, and that this should lead to the premature maturation of the ovum, so that, were the rest of the organism ready for the process, it might be carried into the uterus and then be impregnated. Let us further suppose that, instead of being destroyed by rupture of the ovisac, it should remain in the ovisac and share alike with the rest of the economy in developmental activity, there could be only one result, and that would be the formation, to an incomplete degree, of those structures which it would evolve in perfection under more favorable conditions.

The logical conclusion of this view is, that if such an ovum could get into the uterus after its escape, it would develop into a perfect instance of parthenogenesis, a speculation of course, but no wilder than some of the facts of embryology seemed to us before we understood them. It is in fact quite analogous to the production of the aphis by a virgin and sexless larviparious mother.

One case where I removed a dermoid cyst from a young woman, there were many reasons for believing that it had existed long before puberty. The oldest patient from whom I know that a dermoid cyst has been removed is a case of my own, the woman being in her forty-fifth year. The tumor weighed only six and a half ounces, and was full of hair, which had been grown and shed from one little spot of skin not bigger than the tip of my little finger. The amount of hair in the sac, had it grown from a similar sized area of scalp, would have taken a lifetime to grow and be shed.

In Mr. Wells' oldest case, the tumor had been recognized for eighteen years ; and in a case not operated upon, but examined after death, the tumor had been known to be in existence for at least twelve years. The usual age for dermoid cysts to come under the notice of the surgeon, is from seventeen to twenty years, and then it is generally certain that they have been long in existence. After puberty the recurrent congestion of the whole sexual apparatus must stimulate into growth what is in readiness for it, after having been developed long previously, as I have suggested in my hypothesis.

Briefly, then, I believe dermoid cysts to be the result of hypererchetic development of an ovum in fœtal or infantile life; growing into a tumor, during, and subsequently to puberty. They are always invested in the ordinary peritoneal covering of the ovary, beneath which is a layer of nucleated and bonded fibrous tissue. Within these layers the peculiar structures met with in dermoid cysts occur; an arrangement strongly indicative of the method of origin which I have suggested for them. I do not know of any tissue in the body which may not find its representative in them. Usually, however, they have an epithelial character. When skin and mucous membrane are present, all the details of their structures may be made out; and as there is no vasomotor check on the vascular supply, the materials which they secrete normally, are often found in vast quantities, as, for instance, hundreds of teeth, and pounds of sebaceous matter. The dermoid cysts, I have suggested, then are due to an altered and increased inactivity of the cell nucleus in early life, the results remaining latent for years, until re-excited by the great systemic change. Samuel D. Gross, in his work on surgery, published in 1882, says that those dermoid cysts which are situated in or near the orbit, at the root of the nose, in the floor of the mouth, near the angle of the jaw, along the sheaths of the carotid vessels, and in the sacro-coccygeal region, as well as in the anterior fontanelle, are evidently caused by imperfect closure of the branchial clefts, and the clefts along the medium line. Their contents are generally composed of sebaceous matter and short hairs only. Those which are found in the ovary, the testicle, the eye, in the brain and its meninges, the anterior mediastinum, the thymus, the lungs, the mesentery, and the omentum, may contain teeth, bone, and rudimentary cartilage, showing that they are probably the remains of fœtal inclusions.

Mr. Coates, in his Manual of Pathology, published in 1883, describes cysts which contain bone, teeth, muscle fibre, etc., as *teratoma*, a name given them by Virchow. He says they probably arise from the inclusion of a whole or part of an embryo. They are most frequently met with in the sacral region, or along the back or neck, and contain various structures in the form of an ill-arranged fœtus. In the ovary, where they occur quite frequently, they may arise by a kind of an equivocal generation, the germinal vesicle endeavoring to develop some of the perfect tissues of the body. The sacral and more typical teratoma contain all of the tissues of the body, although imperfectly formed. Considering that they occur most frequently in the ordinary places of union of the so-called double monsters, they may safely be regarded as representing twin pregnancies, in which one of the fœtuses has grown over and included the other. Teratoma of internal organs such as the testes, peritoneum, ovaries, lungs, etc., do not represent as complete systems as the sacral variety, but are more like the dermoid cyst of the skin, and are often grouped as such, but they sometimes contain teeth, bones, etc., and are probably the result of embryonic inclusions.

James Paget describes a specimen in St. Bartholomew's Hospital, taken from a woman twenty-one years of age. It was taken from the anterior mediastinum, and contained pieces of bone resembling the superior maxilla, in which were a number of perfectly formed teeth. It also contained skin, fat, serous fluid, and sebaceous matter.

Dr. Barnes, London, says: It was at one time thought that dermoid cysts were the result of an incomplete fructification of the ovum. But Baillie found them in children who had never menstruated, and anatomists now generally agree that they are quite independent of conception. Gray discovered brain matter in these cysts, as also did Chalice, Friedreichs and Rokitansky. Friedreichs even found strong cords of broad nervous branches, and unipolar and bipolar pigmented ganglionic cells. Virchow has seen a similar case. A case was presented to the Pathological Society by Mr. Moore, where the abdomen was larger than at full period of gestation. An opening formed near the navel and discharged pus. The opening was enlarged, and about seven pounds of material like putty was removed. Vomiting came on and the patient died. There was one vast cyst adherent at every part of its surface, except near the bladder. The wall was tough, in part cutaneous; it contained hair, and perfectly formed teeth. Right ovary and tube were a little enlarged;

uterus healthy but elongated; left ovary not discovered. Among the peritoneal adhesions were many small cysts, some of which were attached by slender pedicles to the main cyst, whilst others were entirely unconnected with it, but like it contained soft, cheesy, yellow epithelium, mixed with hairs.

Dr. Gibbes relates a remarkable case, in which labor being terminated by forceps, on account of syncope, the patient was harrassed by the most intractable after-pains. A tumor was discovered above and behind the pubes, distinct from the uterus, and movable. The tumor increased rapidly in size, and it was considered necessary to remove it. This was done as by the operation for ovariotomy. It grew in the left broad ligament. About three inches of the fallopian tube were included in the ligature. The cyst contained pus and a mass of fine black hair. Menstruation occurred at several successive periods through the wound. The patient ultimately recovered.

Dermoid cysts rarely attain so large a size as the dropsical tumors do. They more commonly terminate by setting up an inflammation between some part of their walls and neighboring structure, and in this way effect communications with the hollow organs, as the intestinal canal or bladder, or else from fistulous openings externally through the adominal wall.

In these respects they more resemble the abdominal cases of extra-uterine gestation, and may be mistaken for such. If fœtal bones are discharged, it may be concluded that the case is one of extra-uterine gestation. When these tumors form a communication with the bowel or bladder, pus, mingled with hair escaped from time to time, producing attacks of severe pain. When they form a communication with the bladder, as they not unfrequently do, the most puzzling symptoms are apt to arise. Dysuria may harrass the patient for years; generally cystitis supervenes, and sometimes attacks of retention of urine occur. When fatty matter or hairs make their escape, the diagnosis is pretty clear, especially if a tumor be observed in either groin, or at the pelvic brim. Dr. Geo. McClellan, in his work on surgery, published in 1848, says, encysted tumors containing hairs, bones, and teeth, and which are generally met with in the ovary, are supposed by Cruveilhier and others to be the enclosed remains of partially absorbed fœtuses. Hairs, however, are often met with in cysts about the eyebrows, temples and scalp; and even bony concretions are occasionally detected in cysts on many parts of the body. Now, such formations could only have proceeded from an inverted integument, or enlarged cutaneous follicle; which amounts to the same thing in fact. All surgeons attribute horny growths to an epithelial condensation, and induration of the scaly cells, on the interior of a cutaneous follicle, enlarged and finally burst by the projection of the growing scale.

The first authentic portrait in existence is that of the Emperor Fou Ki, "la tête de boeuf," who lived in the year B. C. 3,468. according to Pauthier, and had a short pair of horns projecting from each side of his frontis, precisely like those we now occasionally see growing up from a diseased follicle of the same region. Mr. Cooper's case of a horn growing from the nates of an elderly gentleman was, however, the oddest case of this disease on record.

Encysted tumors, containing hairs, are sometimes found in inferior animals. In sheep they contain wool, and in birds, feathers. If a hedgehog were to be thus affected, his internal parts would prove to be shot by an insatiate internal archer.

Muriate of Cocaine.

REPORT OF CASES BY JOHN CHASE, M. D., DETROIT, MICH.*

For the past few weeks the attention of the medical profession has been very generally directed to a new remedy which, if it fulfils one half that has been promised for it, will be of the highest service. For a year or more, laryngologists have been using a solution of muriate of cocaine for producing anæsthesia of the vocal chords. To Dr. Koller, of Vienna, belongs the credit of first introducing it into ophthalmology. Since Dr. Noyes' report in the Medical Record, of the subject as discussed at the recent Congress at Heidelberg, a number of oculists have added their testimony to the happy action of the drug, and all unite in predicting a wide range for its use.

Dr. Agnew employed a two-per-cent. solution, instilling two drops three times, at intervals of five minutes. He reports five operations, three of which were for strabismus, the patients experiencing but very little pain. In a case of a scleral wound where simply touching the lid caused blepharospasm, he was able to operate without difficulty after using the drug. In one operation for senile cataract, Dr. Minor reports that the patient was perfectly quiet and free from pain, although in a preliminary iridectomy upon the same eye she would not without the use of ether, tolerate the presence of the speculum.

Dr. Knapp, with a view of testing the action of cocaine upon the mucous membranes other than the conjunctiva, used a four-per-cent. solution upon himself. His conclusions are interesting and suggestive. After brushing the solution over one half the tongue he lost, on that portion, the sense of taste for sugar, salt, and quinine. In the nose he lost sensibility and sense of smell. Dr. Knapp at the time of his experiments was suffering from bronchitis, and during one attack of coughing was much relieved by inhaling some of the solution, although a subsequent inhalation was only partially beneficial. Upon the urethral mucous membrane the effect of the medicine was good, as after its use the passage of instruments caused little or no irritation. Dr. Knapp reports the action of muriate of cocaine in

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eight cases, and thinks he obtains a better result from a four-per-cent. than a two-per-cent. solution.

To satisfy myself, I to-day made use of a 2% solution in my own eye. The solution was prepared at Parke, Davis & Co.'s, and is the same referred to in the following cases. In all these cases 2 drops were instilled 3 times at intervals of 5 minutes, and the tests or operations then made.

My pupil commenced to dilate in 5 minutes, and was completely dilated in 30 minutes, and the conjunctiva and cornea were partially anæsthetized within 10 minutes. Rubbing the cornea with a probe, seizing the conjunctiva with forceps, and touching it (the conjunctiva) with sulphate of copper, produced little or no irritation.

This morning I took some of the solution with me to the county house, and tried its action upon several of the eye patients there. Dilatation of the pupil was produced in every case. The accommodation was slightly affected in two cases, and not at all in one. The fundus of the eye appeared unchanged in each case, and so far as I could determine, the tension was unaffected. The medicine produced no congestion or irritation of the conjunctiva. After 15 minutes in each case from the first application, I was able to seize the conjunctiva with fixation forceps, prick the palpebral conjunctiva, apply sulphate of copper, and all without producing any distress.

The notes of the following cases I have taken with Dr. Smith during the past week or 10 days. We first used the remedy Oct. 24th, at St. Mary's hospital, in 5 cases. Dilatation of the pupil, which occurred in every case, usually passed away in 8 or 10 hours, although in one case it remained for 24 hours. Cases 1, 2 and 3 were operations for strabismus, and Nos. 1 and 2 were especially well adapted for testing, as they were medical students, each of whom had had a strabismus operation upon the other eye. They both declared that they felt but very little discomfort, except when the internal rectus was caught upon the hook, and that the operation, as a whole, was much less painful than the previous one.

Case 2 was a plastic operation, a readjustment of the inner half of the lid. The solution had been used as in the other cases, and at each application the integument of the lid was also bathed with it. At a former operation upon the same patient it was found necessary to use an anæsthetic. At this operation she felt no pain until the deeper tissues were reached, the tegumentary incision and insertion of sutures being absolutely painless.

Case 5 was an operation for congenital cataract upon a boy four years old. The ordinary linear incision was made with a keratome, and the little fellow was so quiet that it was not even found necessary to separate the lids with a speculum.

Oct. 31st three additional cases were operated upon at St. Mary's. A case of strabismus presenting the peculiarity mentioned before, viz., that no pain was felt until the internal rectus was taken up. A cortical cataract was also removed without iridectomy, the patient, an elderly woman, experiencing no pain whatever. The third case was one of deposit of lead upon the cornea. After the use of the solution, a small gouge was used to pick out the encrusted lead, the patient, a girl of 13, submitting without a murmur to an operation which would otherwise have been extremely painful.

In all the cases cited above the solution was applied by dropping it into the lower cul-de-sac, and in nearly every instance a portion, at least, of the amount was washed away by the tears. To obviate this, and with the hope that a more rapid effect could be procured, we to-day obtained an ordinary perfume atomizer and sprayed the solution into the everted lids until they became thoroughly saturated and then separating the lids, applied the spray directly to the cornea and ocular conjunctiva. The result surpassed our expectations. After two applications the conjunctiva and cornea became anæsthetized, in one case in eight minutes, in the other case in five minutes. The first case was a linear extraction of congenital cataract, and not the slightest pain was felt. The second case, an iridectomy upon an injured eye, presented the peculiarity hinted at before. No sensation was produced by seizing the conjunctiva or piercing the cornea, but the iris was still acutely sensitive, and dragging upon it seemed to cause the usual amount of distress.

From the hurried sketch I have given, it will be seen that the use of this drug contains promise of great things. At present, the anæsthetic effect seems to be quite superficial. In every case of strabismus operation cited, the dragging upon the internal rectus was painful, although not to such a degree as without the solution. The same result was noted in operating upon the iris. As a means of dilating the pupil for ophthalmoscopic examination it will prove of great value, for not only is the mydriatic effect transient, but the accomodation is but slightly if at all affected. It will probably prove too weak a mydriatic to rely upon in iritis, and, of course, will be of but little use in fitting glasses. As yet, we have but a hint of its possible use in other branches of medicine, but it would seem to be indicated in all minor operations upon the urethra and to allay irritation in the throat and, possibly, lungs.

Since writing the above there have been several opportunities for further testing the action of the drug. A young man æt. 18, came into the office presenting a wound of the cornea, with prolapse of of the iris. The injury was caused by a block of wood striking the eye with great force, the day before. The cornea had already become opaque. There was great chemosis and some swelling of the lids. The patient was suffering severely and could not allow the lids to be touched. Five minutes after the muriate of cocaine had been dropped into the eye and applied to the lids the parts were so little sensitive that the patient did not

complain. The lids having been separated, and the debris cleared from the wound, the iris was snipped off and replaced.

Perhaps the most satisfactory result thus far obtained with the muriate of cocaine was in the case of Miss ——, a patient who had three weeks previously submitted to a Wolfe's operation for detachment of the retina. It was now desired to repeat the operation, and also to make an iridectomy. The spray was used as in the other cases, and in five minutes the incision of the cornea was made without causing any distress. Notice was made in the paper of the pain caused by dragging upon the iris. The anæsthetic effect of the medicine did not seem to reach the iris. By way of experiment, a small syringe was filled with the medicine, the nozzle introduced through the cornea wound, and an injection made directly upon the iris. No pain was felt, and in three minutes a segment of the iris was seized, dragged out, and cut off, without causing the patient any pain. Considerable difficulty was met with in securing a large iridectomy, and so the corneal incision was enlarged on each side with a pair of scissors, and another segment of iris removed. The wound was then cleansed and the eye dressed. Up to the time of writing, 48 hours after the operation, not the slightest reaction has occurred, and there has been no sign of iritis. The happy action of muriate of cocaine will prove of highest importance in the extraction of cataract, for one of the chief factors in unsuccessful cataract operation is loss of vitreous, caused by straining of the patient at the time of the iridectomy.

219 Fort St. W.

Detroit Medical and Library Association.

Eighth Annual Meeting, Oct. 6, 1884.

The President, Dr. Jamieson, in the chair; 33 members present. Dr. Casgrain, of Windsor, Ont., and Dr. Ranney, of Lansing, were introduced.

Dr. Geo. Duffield, Secretary, read his report. He was elected May 19, 1884, to fill vacancy made by the resignation of Dr. Chaney, since which time there had been eight regular meetings. One special meeting had been called to act on the death of Dr. Peter Stewart. Average attendance at regular meetings was 20. Three honorary, one corresponding and twenty-seven active members had been elected. Thirteen pathological specimens and a large number of microscopical slides had been exhibited. Papers had been read by Drs. O. W. Owen, Geo. Duffield and Jno. Flintermann. Four subjects had been debated. The library contains 371 volumes; 86 pertaining to medicine; 17 to surgery, 10 to obstetrics, 8 to anatomy, 7 to gynæcology and 243 miscellaneous.

The nominating committee reported as follows:

Vice-President—Dr. H. W. Longyear.

Member Advisory Council—Dr. E. A. Chapaton.

Treasurer—Dr. Frank W. Brown.

Librarian—Dr. H. Erichsen.

Members Library Committee—Dr. A. E. Carrier, Dr. O. W. Owen.

Member Publication Committee—Dr. C. A. Devendorf.

The report was accepted and adopted.

Dr. David Inglis was unanimously elected on the second ballot, to the office of president of the Association for the ensuing year. The president was conducted to the chair by Drs. McGraw and Webber.

Dr. Inglis, in taking the chair, thanked the Association for the honor, and complimented the retiring president on the industry and success of his administration. He further hoped to merit the trust bestowed upon him.

The retiring president, Dr. Jamieson, then read an address, in which he reviewed the history of the Association and dwelt particularly on the work of the past year, which showed a most encouraging state of prosperity.

In closing, he thanked the members for their aid in promoting interest in the Association.

For secretary, Dr. Geo. Duffield's name was proposed by Dr. Lundy, and a vote by acclamation being substituted for the ballot, he was unanimously elected.

A vote of thanks was tendered the retiring officers.

The report of the publication committee, Dr. Carstens, chairman, was read and adopted.

The amendments to the constitution and by-laws were then read for final disposition, received and adopted entire.

The publication committee was authorized to have 300 copies of the constitution printed, together with a list of members.

Under miscellaneous business, Dr. Shurly said: Of the charter members of this Association, some are still with us, whilst others have gone from among us. I present to the Association as remembrances (not that we could forget, however,) these pictures of three of our deceased members, the originators of this Association: Dr. Abram Heaton, chairman of our first meeting, and a man of great executive ability; Dr. D. O. Farrand, who was always ready with purse and counsel; Dr. James A. Brown, who was our first president, and gave us the nucleus of the library. It seems fitting that the pictures of these three men, founders of this Association and library, should hang about us, whose zeal never flagged as they undertook their duties. Should we not be more persevering as we go on with the duties of the Association, looking to these men as noble examples?

A vote of thanks was tendered Dr. Shurly for his beautiful gift.

Dr. McGraw exhibited two pathological specimens, being a myo-fibroma of the uterus, removed by abdominal section, and a large carcinoma of the testicle, explaining their features.

Dr. E. W. Jenks, a former member of the Association, who has returned to the city, was, on motion of Dr. Shurly, and by acclamation, restored to active membership.

Dr. Longyear read a history of an interesting case of carcinoma of bone, which had been mistaken for osteo-malacia. The bone was not enlarged, keeping nearly its original form, and was much softened. The specimen was exhibited together with microscopical sections.

In the discussion which followed, Dr. McGraw said: The primary cancer of the breast, in this case, affecting the bone to simulate, by infiltration, osteomalacia, makes the question of relationship between various malignant growths of much interest. Is it not a constitutional cause which determines this abnormal cell development? Recent investigations show that the elimination of urea is diminished in subjects affected with cancer. This would go to show the constitutional nature of such diseases.

Adjourned. Geo. Duffield, M. D.,
Secretary.

The Medical Age.

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PROPHYLAXIS OF MALPRACTICE SUITS.—In previous articles on this subject we endeavored to indicate the obstacles to the practitioner's immunity from damages for untoward results following his treatment, which are thrown up by the law and by "public policy." These bulwarks of private rights make no distinction between the physician and other members of society—holding all equally responsible for damages resulting from their acts. A dispassionate view of the case must constrain the average, fair-minded physician to a concession of the justice of this impartiality. We may justly expect a man's conduct to square only with his natural or acquired capacity to form an opinion of what is right, and the law and "public policy," very properly, perhaps, for the best interests of society, do not exact a conformity to a standard which can only be evolved from a superior mind additionally fitted through a special course of study. But while nothing more than this can be reasonably expected, the fact peculiarly exposes the medical practitioner to liability for his sins of alleged omission and commission. In suggesting means for the prophylaxis of suits for malpractice, this peculiar condition of affairs must be considered. It exists in an erroneous conception on the part of the non-medical public, of the vital processes and of the physician's control of them. And, perhaps, the profession is itself most responsible for this conception. It is the vulgar opinion that the physician knows, or should know, the human body, and understands, or should understand, the laws governing its vital action, in health and in disease, as thoroughly as the artisan knows the delicate machine which he has especially studied, and understands the physiological laws upon which the integrity of its action so closely depends. This popular conception of the knowledge which should be possessed by those who assume the office of "curing" the diseased body, is not a strange one, and it is rendered less strange by the assumption, conscious or unconscious, of the profession. In spite of the indefatigable research which has continued through the centuries, the mystery of life has not been penetrated, and while vital action is unquestionably governed by a law as fixed and unalterable as are any of the other laws whose operation prevents a return to chaos, it has not yet been given man to understand it, even to the extent which he has been able to understand other of the great laws of nature. While the law of gravitation, for instance, is, and always will be, a mystery, we, nevertheless, understand enough concerning it to enable us to calculate on its operation, in so far as it has a bearing on the various industries. We can detect no variation in its action, and all operations in inanimate matter are conducted without danger of their aberration through shadow of change in it, as we have been given to understand it. With the living body, however, there is not that same fixedness of the law by which it is distinctively governed, or, at least, our unfamiliarity with this law leads us to suspect it of many vagaries. We seek to excuse our ignorance of its action by ascribing its supposed erratic manifestations to "idiosyncrasy," and "idiosyncrasy" has covered many more sins that were ever hid from sight by the ample mantle of charity. But in spite of the fact that his ignorance is most appalling to the physician who knows the most, it is too much the habit of the rank and file of the profession to attempt to convey the impression that all knowledge of things pertaining to health and life and death is given into their keeping. We are charita-

ble enough to believe that the number of those whose intelligence and knowledge do not, in the secrecy of their own hearts, convict them of this deceit, is small. Corner the intelligent physician who is guilty as above, and he will justify himself by arguing that his patient's welfare demands that this deception be practiced on him. Let the patient be convinced of the ignorance of his medical attendant on matters which he, naturally enough, considers of vital importance on the part of one who undertakes to restore him to health, and he would no sooner think of consulting him than he would of sending his watch to the blacksmith for repairs. There is, doubtless, much truth in this view of the case, but can a wrong, under any circumstances, be justified? In the eternal fitness of things there are no facts which can be adduced in support of the affirmative of such a proposition. "Honesty is the best policy," is a precept evolved from human experience, and continued experience will continue to demonstrate its truth, until it shall take rank with the divine injunctions of the decalogue. We believe that its general adoption as a guide to conduct on the part of the profession, would but result in additional evidence in support of its truth.

The above reflections prepare the way for a few suggestions looking to the protection of the practitioner against suits brought to recover damages for results for which he is, in the eye of justice, not responsible, but which are too apt to result in his being heavily mulcted. The first step to be taken must consist in the removal of the false impression which prevails among the people touching the medical man's functions. This, in the very nature of things, must require many years of well-directed effort. The reform must begin in the school rooms, where such correct views as exist, touching the structure and the functions of the body, must be inculcated. Given a people among whom such views have been freely disseminated, and the attempted deception, to which we have referred, will be found to be one of the worst possible qualifications for success. Such a community will readily detect quackery, whether it exist in the gross features of mountebankism, or under the less repulsive guise of the fashionable, and even educated, charlatan. But such wholesome education of the people may be immensely furthered by the profession itself. Let its members cease in their attempts to surround their calling with an air of mystery, and to create the impression that they, and they alone, are the priests who have access to the vague mysteries which are concealed behind the inner veil of this living temple. Let them honestly acknowledge that they are but votaries at the shrine, and that they have no special means of influencing, and much less of diverting in its action, the great spirit whose manifestations in the human body we call life. Let them even acknowledge their ignorance of the causes which exist in the individual through which these manifestations are varied and diversified. With these changes from the present too prevalent practice, a very decided advance will have been made towards immunity from the penalties which the law unjustly inflicts on the practitioner under whose care an untoward result occurs to the patient. The actual power which the physician possesses to prevent the permanent results of disease, for which he is often held responsible, is not great, and it is his assumption of greater power than inheres in him that leads him into embarrassing situations.

We are pleased to find in McClellan's Civil Malpractice some very concise advice by way of preventing malpractice suits, which incidentally refers to the importance of the honesty at which we have hinted, and we cannot do better than to quote from that work its definite advice as a conclusion to our more general remarks:

"To avoid the annoyance of such suits, surgeons should, above all things, be honest with their patients—apprising them of the difficulties of the case and the uncertainty of perfect results. They may do this without being 'forward to make gloomy prognostications.' They should be candid in regard to their deficiencies, claiming no more than they can perform, no more knowledge than they possess; claiming no more for their art than belongs to it, especially when acting as experts in courts of law. They should remember that other 'surgeons set broken limbs, as they write their names, after a manner of their own,' and that good results have been and may be obtained by a variety of methods of treatment. So long as these are amenable to the rule of common sense, they should not be decried, as is too often the case.

"Surgeons should look carefully to their appliances, instructing their patients and nurses as to their uses, remembering that they are not familiar with these things, hence will need explanations and directions in plain English, and need them more than once. If anything arises that seems to them wrong, or which they do not comprenend, they should be instructed to give the surgeon instant notice.

"If possible, the surgeon should have one or more disinterested witnesses present to observe his omissions and commissions and his reasons for the same.

"If, after all this, the annoyance of a suit should follow, get the best legal talent the country affords; seek for experts among truthful, honest physicians; secure men who are able in their profession, yet who are not ashamed to acknowledge the deficiencies of their art; see that your counsel comprehends the case; comprehend it yourself in all its details.

"Under no circumstances should such suits be compromised. Surgeons, after performing their duty, owe it to their professional brethren to let the matter be tried by the letter of the law."

HARD TIMES.—The season of commercial depression, through which the country is now passing, is being severely felt by the medical profession. While

medical treatment cannot, perhaps, be classified under the head of luxuries, it is, nevertheless, a fact that it is one of those things the demand for which is almost, if not quite, as seriously affected by pecuniary stringency, as is that for some other things in which the public indulge to a greater degree when money matters are easy. Families who in good times believe in the doctrine that, "a stitch in time saves nine," and are prompted to act on it, are apt, when money is not flush, to "wait until morning" before sending for the doctor. Too often (for the doctor's fee) "joy cometh in the morning," and the case which was good for two visits at least, (the first, and then another "to see how the medicine has acted") fails to contribute a cent to the support of the profession. A tightness in the money market, moreover, stimulates a vast amount of amateur prescribing, and a frequent relying on the counter-prescribing of the druggist. While these occasionally but prepare cases of long duration for the physician, the rule is that in spite of them the *vis medicatrix naturæ*, operating in conjunction with the mental influence growing out of the fact that "something is being done," overcomes the disturbance, and health is again restored.

But in addition to the falling off in the income of the profession from the above causes, there is the loss during "hard times" of the fees collectable from the laborer and the wage-worker, whose incomes under the most favorable condition forbid an indulgence on the part of their families, in very little beyond the actual necessities of life. Those of this class who are imbued with the true spirit of independence contribute very largely, in the aggregate of the smaller fees which they pay, to the support of the profession. When the mills and factories are shut down, however, and the other avenues in which these people find employment are closed, they are obliged, in case of sickness, either to employ their regular physician without hope of rewarding him for his services, or to take advantage of the various eleemosynary institutions which afford the opportunity of free medicine as well as free advice.

The above causes combine directly to affect very seriously the average professional income, and in the present over-crowded condition of the ranks, it is not strange that they have caused the results which are reported from various quarters. A correspondent of the Philadelphia Medical News, writing from New York, reports the prevalence of actual destitution among the practitioners of that city, and while the causes may not be so strongly operative in smaller places, they are still sufficiently strong to pinch quite severely in many towns and cities throughout the country those (and there are many of them) whose incomes under the most flourishing times are barely sufficient to foot the bills incurred in keeping up the appearance which their social position demands. In many respects the country practitioner has the decided advantage over his metropolitan brother in these times of commercial depression. His expenses are much lighter and his practice is chiefly among those whose finances are not so closely dependent on commercial prosperity as are the finances of the city physician's clientele. In the country, moreover, even when money is scarce, there is usually no difficulty in securing, as an equivalent, the farm products, which, when supplied in sufficient quantity, removes all danger of the destitution which occurs in the city when the physician fails to collect from his patrons for services rendered. The country practitioner has much to compensate him for the extra labor and fatigue to which his practice exposes him, and during these times of general stagnation there is much cause for him to congratulate himself on being so near the fountain of supply of the necessaries of his family's and his horse's life.

Gas-Coal Tar and Turpentine Inhalations in Diphtheria and Croup.—This method of treating diphtheria, known as Delthil's, from its introducer, who communicated in March last to the Paris Academy of Medicine the result of his experience of eight years in its use, has been resorted to by several physicians in this country, who report such results as will warrant, if not, indeed, demand its further trial. The method consists in burning in the room containing the patient a combination of gas-coal tar, 200 grammes (6 ounces), and turpentine 60 grammes (2 ounces). This combustion generates volatile hydrocarbons and empyreumatic principles which are capable of undergoing pulmonary absorption without danger of provoking the slightest irritation or tendency to cough. The combination is claimed to be efficient because of its microbicide properties, which are felt in every part of the system. It is further claimed to lessen the tendency to laryngeal developments.

The latest report of the use of Delthil's method comes to us from Montreal, where Dr. George W. Major resorted to it in nine cases which he reports in the Canadian Medical and Surgical Journal for November. In six of these, three of which were of a severe form, he employed the fumigations in conjunction with other treatment. Recovery followed in each instance. In each case the membrane ceased to spread and in 24 hours showed signs of disintegration, literally crumbling and not merely exfoliating as is the rule under ordinary treatment. The congestion of the neighboring parts was sensibly lessened, pain and swelling were quickly diminished, expectoration was rendered free, and though the fumes were as thick as midnight they were freely inhaled without producing the slightest tendency to cough or other discomfort. The nasal secretion was increased, the action of the kidneys stimulated, and the odor of violets was quite perceptible in the urine.

In the three remaining cases the fumigations were alone employed. One of them proved fatal, but it was in a very delicate subject, and death occurred from cardiac failure. In one of these three cases, in a child of 13 months, the symptoms on commence-

ing this treatment were very alarming, tracheotomy being at one time considered absolutely necessary to prolong life. The fumigations, however, loosened up and disintegrated the membrane, and under the stimulus of brandy and beef tea recovery followed.

Dr. Major admonishes against the danger of fire in burning this mixture, and advises that the vessel containing the burning fluid be placed inside of another of large area, placed apart from all inflammable material. He employs from 4 to 8 ounces of the mixture at each sitting, which should require from seven to twelve minutes for its combustion. The fumigations should be repeated every four hours. Should this method prove to justify the favorable opinion which its action in these cases naturally lead us to form, convenient apparatus for burning the coal tar and turpentine will, doubtless, soon be devised, and Dr. Major suggests the construction of a galvanized iron stove with a pipe provided with a damper by means of which the quantity of the fumes may be regulated.

THE PREVENTION OF CHOLERA.—At the National Conference of State Boards of Health, held at St. Louis, Mo., on the 13th and 15th ult., the question of the prevention of the importation of cholera and of the spread of the disease should it gain a foothold, was the subject which engaged the attention of the assembled sanitarians. We take pleasure in reproducing herewith the report of Dr. Henry B. Baker, of the Michigan State Board of Health, who was chairman of the committee appointed to prepare a report on the methods of combating cholera:

ORIGIN AND DISSEMINATION OF CHOLERA.

There are three factors essential to the prevalence of cholera in this country as an epidemic: (1) The importation of the disease by means of ships, more or less directly from its only place of origin in India; (2) local unsanitary conditions favorable to the reception and developmentof the disease; (3) persons sick with the disease in some of its stages, or things infected by such sick persons, to carry it from place to place. These three factors naturally suggest the methods of combating the disease, for which there is needed practical work, international, national, inter-State, State and local. So far as relates to State and local boards of health, their organization and activities are greater than ever before; but it must be admitted that after cholera has been introduced into a country, inland quarantines are not easily and successfully maintained, although efforts in this direction are then advisable. In view of the threatened introduction of cholera into this country during the coming year, and the immense waste of life and property values which would thence result through derangement of commerce, trade and productive industries, it is the sense of this conference that the general government should maintain such a national health service as shall, by rigid inspection at the port of embarkation, ascertain the freedom from disease and infection of all persons and things from infected districts ; and shall secure the surveillance of such persons and things while on shipboard, and, when necessary, their detention at quarantine stations on this side for treatment and disinfection.

In view of the present threatening aspect of Asiatic cholera, and the constant danger from other communicable diseases occurring at foreign ports having commercial relations with the United States, we urge upon Congress to provide for the appointment and maintenance of medical officers of health, at all foreign ports where cholera, yellow fever, plague, small-pox or typhus exists, such officers being either accredited consuls or attached to the consulates. The duties of these officers shall be: To give notice, by telegraph when practicable, of the existence or appearance of any of the obove named diseases to some constituted authority in this country; to give notice of the departure of any vessel known or suspected to be infected, for any port in the United States; and whenever requested by the master of any vessel about to load or leave for this country, to inspect thoroughly such vessel in all her parts, and also her cargo, her crew and passengers; to use such such cleansing and disinfection as he may deem necessary, and to satisfy himself that all persons about to sail are free from dangerous communicable diseases, are not recently from infected places, and are properly protected from small-pox, giving to her commander a certificate of the inspection and of all precautionary measures taken. And it shall be the duty of the central authority in this country to promptly transmit intelligence of the existence of the above-mentioned diseases at foreign ports and places, and of the departure of dangerous vessels for the United States and Canada, to all State and local health authorities in the country which may be interested in the same.

We further recommend, in case of those foreign ports in which are no consular agents of this country, or no telegraphic communication with this country, and which are liable to transmit pestilence through commercial intercourse, that one or more medical officers be chosen to visit such ports as often as may be deemed necessary by the central health authority in this country, so as to give trustworthy information of the health and sanitary condition of those places.

CANADIAN HEALTH ALLIANCE.

Inasmuch as the Dominion of Canada is equally interested with the United States in protecting itself and the United States from the importation of dangerous diseases, we suggest that Congress take such measures as will bring about concerted action with the Dominion and the British government, by which the consuls of this country or of England at foreign ports shall examine and take such action as they may deem effective, and notify the authorities of such government as has authority over any port to which any ship may sail in the United States or Canada, in order that such government may be in position to take effective measures against the importation of these diseases. We are gratified that the authorities of the Dominion of Canada and of the Province of Ontario have taken active steps toward protecting the people of Canada, and, indirectly, those of the United States, by the adoption of judicious quarantine regulations. We feel, however, that with respect to those regulations regarding the landing of passengers from the mail steamers along the St. Lawrence, etc., further special regulations for the thorough disinfection of the baggage and effects of all passengers, cabin or steerage, who come from infected ports and places, should be carried out in a manner similar to that recommended by the National Board of Health. Believing that the importation of cholera into this country has usually followed the arrival of immigrants from infected countries, we therefore recommend that all such

immigrants be prevented from landing at our ports until such time as the danger of the introduction of cholera by them shall have passed.

The Inspection and Quarantine Service inaugurated by the National Board of Health, and set forth in the paper by Dr. Smart before this Conference, but which system is now inoperative for want of an appropriation by Congress, meets with our cordial approval. To enable these protective measures to be carried out, we recommend that Congress be urged in the strongest terms to legislate on this subject at an early date in its coming session, and to appropriate such funds as may be needful. The expenses incident to the work which has to be performed at foreign ports, and the establishment of refuge stations at points on our coast for the detention and treatment of infected vessels arriving from foreign ports, should undoubtedly be borne by the National government, and not by individual States or municipalities; for the benefits accruing therefrom are general and not restricted to localities, although some ports and cities on the coast may have a more immediate interest in the matter than others in the interior. It is probable, however, that this National protective work may not be sufficient. Such work will no doubt lessen and delay the chances of invasion, but may not prevent invasion; the poison of the disease is subtle, and may effect an entrance into the country at some unguarded point. The funds necessary to the stamping-out of this disease in a particular locality, and to the prevention of its spread to other localities, might in some instances be borne by the municipality or State affected; but should the disease occur in a locality which has failed or is unable to make provision for the occurrence, its spread to other cities and States would be imminent. The want of means at the infected point would be disastrous to many others. Congress has recognized the necessity for aid to State and local boards of health under similar conditions in the case of yellow fever. In 1879 the sum of $500,000 was appropriated and placed at the disposal of the National Board of Health; and the records show that of this sum $160,000 was wisely and successfully employed in combating the epidemic of that year. We therefore recommend that the influence of this Conference be used with the view of having appropriated by the National Legislature the sum of $500,000, to be used, or as much thereof as may be needful, in case of a cholera invasion, in stamping out the disease from the infected localities, and in preventing its spread from State to State.

The removal of local unsanitary conditions favorable to the development of cholera is the especial work of State and local boards of health. Much has been done already in some States, but much remains which should receive immediate attention. Where it can be done, State sanitary inspectors should be appointed to visit all towns and cities specially liable to the disease, to counsel with the local authorities as to the best methods of prevention. This work should be vigorously prosecuted before the disease reaches our shores.

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Health officers and inspectors appointed by States or Provincial boards of health should, in addition to other sanitary work, see that the localities have set apart, erected or planned to be set apart or erected, structures which shall possess the sanitary requirements of an isolation hospital. But as regards all necessary work by the local boards of health, most State and Provincial boards of health have already printed and issued documents which give ample instruction.

The cause of cholera is contained in the discharges from persons affected by the disease or in things infected by such discharges. Should the disease reach our shores, the first case, and after this the first case which reaches any given community, should be strictly isolated; all infective material from these and from any subsequent cases should be destroyed in such manner as to stamp out the disease.

Your committee recommend that when this Conference adjourns, it be to meet in Washington, D. C., the second Tuesday in December next; and that the secretary of this Conference be directed to invite the attendance at that time of quarantine officers and the health officers of the principal cities in the United States and Canada, and that all delegates to that meeting be prepared to report the sanitary status of their States or localities, and what steps have been taken to improve the same and to prevent the introduction of disease.

The report was discussed at length, chiefly in a spirit of commendation, and especially as to the importance, and the best methods of securing action on the subject at an early day in the next session of Congress. After the discussion had been carried on for some time, Dr. Chancellor (Md.) said he believed in the majority ruling, and if it should appear that most of the States endorsed the recommendations of the committee, he would vote for them too.

On a formal ballot being taken, all the States voted for the approval of the report save Minnesota, and the point made by the representatives of that State was that the paper was so important that more time should be taken for its consideration.

After making arrangements for the order in which the Conference and the individual boards should make their reports to the American Public Health Association on the following day, the Conference adjourned to meet in Washington, D. C., on Wednesday, December 10th, next.

Micrococci and Sepsis.—Dr. Watson Cheyne contributes articles on this timely subject of the British Medical Journal, of September 27th, and the 4th ult., from which the following conclusions are derived:

1. There are various kinds of micrococci found in wounds treated aseptically, differing markedly from each other in their effects on animals. They agree in growing best at the temperature of the body, and in causing acidity and sweaty smell in the fluids in which they grow. The experiments show that cultivations may be carried on in fluids with accuracy, provided the precautions mentioned be observed.

2. The micrococci tested in these experiments grew best in materials exposed to oxygen gas. They grew only with difficulty in he absence of oxygen. Eggs were not good pabulum.

3. Their effect on animals was not altered by growth with or without oxygen.

4. The effects of these micrococci on rabbits and man were not similar, some of the most virulent forms for rabbits causing no deleterious effects in wounds in man.

5. The kidney is apparently an important excreting organ for organisms.

6. Organisms not capable of growing in the blood may yet cause serious effects by growing in the excretory canals. This may explain some cases of pyelitis.

7. When an organism is not markedly pathogenic, it may be necessary to introduce a large quantity before morbid changes are set up.

8. Suppuration is not always due to micrococci ; it may be caused by chemical irritants, such as croton oil.

9. Micrococci are always present in acute abscesses, and are probably the cause of them.

10. In some cases the micrococci are the primary cause of the inflammation and suppuration, as in pyæmic abscesses ; generally, however, they begin to act after inflammation has been previously induced.

11. This inflammation may be caused by an injury, by the absorption of chemically irritating substances from wounds, by cold, etc.

12. There are several different kinds of micrococci associated with suppuration.

12. Micrococci cause suppuration by the production of a chemically irritating substance, which, if applied to the tissues in a concentrated form, causes necrosis of the tissue, but, if more dilute, causes inflammation and suppuration.

14. The conditions in wounds and abscesses are not the same, inasmuch as in the former there is opportunity for mechanical and chemical irritants to work.

15. There is no reason for denying the existence of "antiseptic suppuration."

16. Tension may also cause suppuration, but it is, perhaps, most frequently aided by the growth of micrococci. These organisms need not be of a very virulent kind. It is also probable that the products of inflammation are themselves irritating and capable of exciting or keeping up inflammation.

17. The micro-organism of septicæmia, of pyæmia, and erysipelas are different from one another and from those of abscesses. In erysipelas, the micrococci grow in the lymphatic spaces. In pyæmia, they grow in the blood to form colonies and emboli. In septicæmia, they may only grow locally, the symptoms being due to the absorption of their ptomaines ; or if they grow in the blood they do not form colonies and emboli. Septicæmia may also be due to other organisms besides micrococci.

18. There are no facts to support the view that it is the same micrococcus which, under different conditions, causes these various diseases. The experiments of conversion of innocent into malignant forms, and *vice versa*, are unreliable.

ARE THE DOCTOR'S HORSE AND BUGGY HIS TOOLS ?—The laws of most states exempt the tools of a person's occupation from liability to seizure for debt. A physician in New Hampshire recently pleaded this exemption when his horse and buggy were seized to satisfy the claims of his creditor, and under it replevined the articles. The following is the decision of the court, under which the jury restored the property:

"The court cannot say, as a matter of law, that a wagon or a harness is a tool of a physician's calling, and so exempt to all physicians; nor can they say it is not such a tool. The most that can be said, as a matter of law, is that it may be a tool of his profession if, in the particular case, it is reasonably necessary for him to use it as a tool. If it should appear that his practice was confined to his office, or that he was a physician or surgeon in a hospital, attending to no cases outside of the institution, or that he was a surgeon on shipboard, or that he went on foot or horseback, or on the cars, to visit his patients, a wagon and harness would not be exempt under our statute, because they would be of no use to him as tools in his practice. They might be of use to him in other respects, as in going to church, or in carrying his children to school, or in visiting friends, or as a means of recreation and pleasure; but these uses are manifestly not within the legitimate scope of the technical duty of a physician. Not coming within the strict definition of the term tools, and not being reasonably necessary as tools for him in his practice of his profession, they would not be tools within the meaning of the statute, and so would not be exempt as such. But if it should be found that the physician claiming the exemption could not practice his profession with reasonable success without a team with which to visit his patients; that he was located in a country town, for example, where it was necessary for him to ride a large part of the time in order to accomplish anything professionally, a wagon and harness might properly be found to be reasonably necessary for him as tools of his occupation. But the finding would be one of fact, so far as the reasonableness of the use is concerned; and it could not be said that these articles are exempt to every physician, or to physicians generally, but only to the debtor in the particular case. If there is any doubt whether an article claimed to be exempt from attachment is a tool under the statute, the question should be submitted to the jury whether its use as a tool by the debtor in his business is reasonably necessary. If it is, it is exempt; otherwise, it is not exempt."

ADDITIONAL FIELDS FOR COCAINE MURIATE.—The range of the applicability of cocaine muriate has been enlarged with remarkable rapidity since the discovery of its anæsthetic action on the conjunctiva. The latest surfaces to which it has been successfully applied are the nasal mucous membrane and the mucous lining of the bronchi. Dr. F. H. Bosworth reports in the Medical Record of 15th inst., that he has cauterized the mucous membrane of the nose, for the relief of hypertrophy, twenty-

seven times, with comparative freedom from pain. The turgescence which follows this operation was also permanently reduced by bathing the cauterized surface with the cocaine. The application is, furthermore, valuable in reducing the venous turgescence which coexists with the hypertrophy, and by means of its use this can be so reduced as to permit a determination by ocular inspection of the actual amount of hyperplasia.

Dr. Bosworth reports, also, successful results following the topical application of the cocaine solution by means of an atomizer in cases of acute coryza. For a "cold in the head" and a stopped up nose, he thinks this treatment excellent.

In operations for nasal polypus, it permits of the use of the snare with the minimum of pain, and also reduces materially the amount of hæmorrhage following the removal of the growth.

In hay fever, that opprobrium of medicine, he thinks there is a brilliant future for cocaine. Although he has not had an opportunity of employing it in a typical case of this disease, he is led from his observations on two cases of autumnal catarrh, to hope for more excellent results in the more distressing affection than have heretofore been achieved. He closes his paper with the following conclusions, which are justified by his experience: 1. Cocaine will prove valuable in the relief of hay fever. 2. It relieves the most distressing symptoms of acute coryza, and curtails the duration of the attack. 3. It controls the painful and distressing reaction which results from the use of caustics or instrument in the nasal cavity. 4. It empties the venous sinuses of the nasal mucous membrane, and thereby affords an opportunity for a thorough ocular inspection of the cavities. 5. It eliminates from minor operations in the nasal cavities the troublesome hæmorrhage which so often occurs, and it suggests itself as useful in the control of epistaxis from whatever cause.

American Climatological Association.—It appears that we were in error in the intimation in our last that this Association is a division of the American Laryngological Association. Dr. E. L. Shurley, who is a member, has favored us with a copy of its constitution and bylaws, from which we learn that while one of its objects is the study of diseases of the respiratory organs, its scope is different from that of the latter Association, extending, as it does, to the study of climatic influences in their relations to the causation and cure of disease. The membership is limited to one hundred active and twenty-five honorary members, and it is contemplated that the active membership shall be such in fact as well as in name. A great work, and one the necessity of which has long been felt, in which the Association is engaged is the making of a climatological geography. There is, probably, no subject in which the profession at large is so much at sea as in the climatic treatment of disease, and particularly diseases of the respiratory organs. There exists a vague belief that "a change of climate" has in it the possibility of good to the sufferer, but when the medical attendant interrogates himself for an answer to the question as to what is the climate or the section of the country furnishing the climate best suited to the patient under treatment, he, in nine cases out of ten, finds himself unable to give an intelligent reply. What is wanted is, first, a knowledge of the kind of climate adapted to the particular disease, and of the particular type of the disease, in hand; and, secondly, a knowledge of the particular section of country furnishing this climate. Until the organization of the American Climatological Association, no systematic effort had been made to supply this very essential information. We are now constrained to believe, from a reference to the list of names of members, embracing representatives of nineteen States, that the time is not distant when the suspicion (often too well grounded) that the physician sends his tuberculous patient, for instance, away merely to get rid of the hopeless case, will be eradicated from the minds of the public. Abundant results, empirically stumbled on, convince that there is virtue in a change of climate, and what we now want, in order to the fullest utilization of this remedy, are data upon which we can base its intelligent application.

International Collective Investigation of Disease.—At the meeting of the International Medical Congress in Copenhagen, last August, steps were taken to conduct a collective investigation of diseases extending over the various countries represented in the Congress. To that end a committee of representative men in each country was appointed, and Drs. A. Jacobi, of New York, and N. S. Davis, of Chicago, were selected to represent the United States on this committee. The committee has issued an address, in which are recounted the advantages which are likely to accrue from this method of investigation. These advantages are too apparent to require their enumeration by us, and we shall content ourselves with a representation of the method proposed by the committee:

A subject having been selected, a person or persons of acknowledged authority, will be asked to write a memorandum, in the form of a short essay, upon it. The memorandum will succinctly give the present state of our knowledge. It will also point out the directions in which further research may best be made; and, with this view, will suggest a few simple and definite questions upon the subject selected. The questions will relate to matters of fact, to be elicited by observation of cases, rather than to matters of opinion.

The contemplated organization will, it is hoped, in time, enable the committee to ask and collect answers to these questions from the profession at large wherever scientific medicine is studied or practiced. It will be a further duty to examine, arrange,

tabulate, and deduce results from the mass of observations thus collected, due credit being given to each contributor for the information he has furnished; and reports on the results of the several investigations will be laid before the International Congress at its next meeting at Washington.

The next meeting of the Congress will be in September, 1887, and it is hoped that in the interim there will be such an amount of the proper kind of work done as will demonstrate the practical value of the new method of enlarging the bounds of our knowledge of disease, and of the means of bringing it under control.

Death of a Physician from Sucking a Tracheotomy Tube.—Our English exchanges contain an account of the untimely death of a Dr Samuel Rabbeth, a medical attendant at one of the London hospitals. He had performed tracheotomy in a case of diphtheritic croup, and in order to clean out the tube, which had become obstructed, he practiced suction on it with his own mouth. He contracted diphtheria, and in ten days from the date of the operation he died. The membrane was found, post mortem, to have extended into the trachea and the bronchi. Some of our contemporaries have seen fit to commend the heroism of the dead doctor, and to ask, by inference at least, that his devotion to the cause of humanity be held up as an example worthy of emulation. While we would be the last to detract one tittle from the praise which the act which cost him his life really merits, we cannot but regard the suggestion that his example should stand for a model, as extremely dangerous. Bravery is one thing and foolhardiness is another. Dr. Rabbeth's case is not the first in which the devoted physician's enthusiasm was ill-timed, and his sucking of the tube with the fatal examples which the lietrature of the subject affords, before him, cannot but be regarded as a foolhardy act. A man, and especially a physician, should not allow his emotions to triumph over his judgment. A calm consideration of the case in question must have convinced a cool-headed man that the risk to which the sucking of the tube exposed him was out of all proportion to the good which ought reasonably to have been expected from the act. Tracheotomy is, at best, a *dernier ressort* in diphtheria, and when the tube cannot be kept clean by means of mechanical appliances, as the introduction of a feather, a suction ball, etc., the case is necessarily one in which the chances for recovery are quite nil. For a physician to expose his own vigorous life in such a case, for what could at most be but the tempory relief of the child, is for him to do a thing for which there is no justification.

The Resolving Action of Calomel in Very Minute Doses in the Treatment of Pneumonia.—The value of this means was suggested to Chapois (Bull. Gen. de Therap., Archives of Pædiatrics) by his experience with a case of pneumonia in a child twelve years of age, in which blisters, leeching, and other means of treatment had been unavailing. The eighteenth day of the disease had been reached, and still resolution had not begun, nor had the fever abated. It then occurred to him to try the administration of calomel, in doses of two milligrams, every hour. Twenty-four hours later the patient was revisited, and was found to have a moist skin and a pulse of eighty per minute. The tongue was also moist, and a sub-crepitant *râle redux* could be heard over the affected lung. Recovery followed without interruption. The same treatment was subsequently used by the author in many cases of pneumonia, at all ages, with complete satisfaction. The phenomena which usually follow the use of this agent for twenty-four to forty-eight hours, are the following: Moisture of the skin, then of the tongue and the mouth; next a diminution of body heat, and of the sense of oppression. After fifteen or twenty doses have been taken, there may be a fluid evacuation of the bowels. The author does not claim that calomel is a specific remedy for pneumonia, and in some cases other remedies will answer equally well. The advantage of the very small doses is that a different end is sought from that which is manifest when purgative doses of calomel are given, the effect of the latter being to prostrate the individual already greatly weakened. Given in such small doses absorption is favored, the salivary glands, the liver, the intestinal, and other mucous glands, also the glands of the skin, are stimulated; in a word, there is a general derivative action.

One of the Benefits of Specialism.—The ques- of the advisability of encouraging specialism in medicine is still an open one. It may, however, be said of it, as can with perfect truthfulness be said of many things whose propriety is much more questionable than that of specialism, that it is not an unmixed evil. The various arguments justifying it are, doubtless, familiar to all through their frequent iteration. There is one, however, which presents an air of newness. It was advanced by Dr. Crowell at the annual dinner of the Massachusetts Medical Society. It is based on the fact that specialists are rigid adherents to the doctrine that the laborer is worthy his hire. Prior to the advent of the specialist the country doctor plodded along charging beggarly fees and giving interminable credits. Dr. Crowell illustrated his point by exhibiting a bill, yellow with age, which had been received by one of his professional ancestors. In it is a charge of twenty-five cents for medicine for Betsy, and one of forty cents for a visit and medicine to baby. These charges were the standard, and were perpetuated from generation to generation until the metropolitan specialist came to the rescue. When this gentleman charged fifty or a hundred dollars for a consultation with his characteristic graceful nonchalance, the country practitioner was inspired with the great moral courage which was necessary to lead him to make a charge of two dollars for a visit, and

three to five dollars for a consultation. Truly, if our specialists should do nothing more for the profession, this one reform will always be held to be a sufficient justification of their continued existence on the face of the earth.

PERMANENT CORROSIVE SUBLIMATE SOLUTION.—Mr. Joseph Bulfin, in a note to the *Medical Times and Gazette* of November 1st, says: I have for some time been engaged in experiments and trials of various antiseptics, carbolic acid, eucalyptus, thymol, and iodoform, and since reading your article on Sir Joseph Lister's address, have made some on the following, which I think would be worth a trial. The modification which I would venture to propose is as follows: Corrosive sublimate, ʒ ij; white of egg, ʒ vj; Barff's boroglyceride, ʒ xii; distilled water, ʒ cxxv. M. The strength of the corrosive sublimate in this solution will be nearly 1 to 500. As it would be almst impossible to add the precise quantity of albumen to render the bichloride of mercury unirritating and safe, it is desirable to add an excess of albumen; but an excess of albumen on the other hand, if allowed to decompose, would be objectionable in the extreme, to obviate which I suggest the introduction of boroglyceride which, without in any way interfering with the action of albumen, whether used from blood serum or white of egg, will guard against the products of decomposition from the use of an excessive amount. The proportion of mercury used in the compound may be increased or diminished as occasion may require, and all are nonvolatile. Charpie, cotton-wool, or oakum saturated in such a solution would, in my opinion, form one of the best antiseptic dressings that I have yet seen, and for the chief part of this I am indebted to Sir Joseph Lister, my only contribution being the introduction of boroglyceride.

THE CARRIERS OF INFECTION IN PUERPERAL FEVER.—Lomer read a paper (Deutsche Medicin. Wochenschr) on this subject before the Gesellschaft für Geburtshilfe und Gynäkologie, on March 28, 1884. Pathologico-anatomical researches show these to be chain-forming, round, and non-moving micro-organisms, in the diphtheritic layers of the uterine mucous membrane, in the uterine tissue, the peritoneal exudation, the lymph-spaces of the diaphragm up to the pleural cavity, in the kidneys and every other organ.

In two puerperal fever patients, Lomer found them once in pemphigus vesicles, in large numbers, fourteen days before death; in the other cases, four days before death, in the blood. After death they were found in all the organs.

The culture experiments of Dr. Franovik, not yet concluded, show that the pure cultures differ, both from the micrococci of diphtheria found by Löffler, and from the erysipelas cocci found by Fehleisen. The inoculations of pure cultures made by Fränkel and Doléris have not, up to the present time, given constant and agreeing results.

Besides the chain-forming micrococci, other micro-organisms were found in puerperal fever, which seemed to indicate mixed infection. Clinically, however, these cases did not differ from the others in which only the chain-like micrococci were found. Lomer further reports three cases of puerperal fever, in which the micrococci were not found, even after the most careful search made in the Royal Health Office.

ENLARGEMENT OF THE PROSTATE TREATED WITHOUT THE CATHETER.—The evils attendant on enlargement of the prostate constitute one of the banes of old age. The obstruction to the free emptying of the bladder sets up vesical trouble—irritation, inflammation and hypertrophy—through the decomposition of the retained urine. No satisfactory means of relieving this difficulty having as yet been devised, any suggestions to that end are always of interest, and when they are of such very simple means as those proposed by Dr. A. B. Palmer, of the University of Michigan, at the iate meeting of the State Medical Society, they are peculiarly so. The method which this gentleman proposes, and of the efficiency of which an experience of fifteen years has convinced him, is to seize the head of the penis during urination and, while continuing the effort at urination, prevent the discharge of the urine. By this means the urethra is subjected to steady, diffused and painless distention. When practiced early in the history of the obstruction it is claimed that the stricture due to the enlargement of the gland may be permanently overcome.

TREATMENT OF SCIATICA BY FREEZING.—Dr. Debove, of Paris, has been employing freezing as a means of revulsion in sciatica, and reports very satisfactory results therefrom. He employed the chloride of methyl, which, by spontaneous evaporation, gives a temperature of 9.4° F.; by means of a current of air this can be further reduced to 4.7° F. He applied the drug by means of a siphon. To the extremity of the beak of the siphon he adjusts a lead pipe provided with a small orifice to allow a proper direction of the jet and to prevent waste. It is quickly applied along the course of the painful nerve from the sacrum to the malleolus, and the skin assumes the peculiar white color due to freezing. The reaction is rapid, leaving more or less erythema. Should painful points remain after a day or so, they are treated in a similar manner.

A LOTION FOR SEVERE CONTUSIONS.—Dr. Hewson, who has had large experience among the lumbermen of Texas, writes to the Medical Times that he has found the following lotion an excellent application in cases of severe contusion:

℞ Sodii hyposulphitis, ʒ jv.
Acidi carbolici cryst., ʒ ss.
Glycerini, ʒ ij.
Aquæ, Oj.
M.

A cloth well saturated with the lotion should be kept in constant contact with the parts.

Malarial orchitis is the latest mischief which the deadly microbe is reported to be at the bottom of. An Italian physician reports the case of a patient who, without a previous history of gonorrhœa, syphilis, mumps or other recognized cause of orchitis, was seized with severe swelling of his right testicle during an attack of intermittent fever. Under the action of quinine the fever and the orchitis simultaneously subsided. This is certainly remarkable, but it is not so much so as the writer's etiology of the inflammation, which he holds to be the entrance of a malarial microbe into the testicle—carried there by the blood stream. It is difficult to refrain from characterizing such stuff by its proper name. But then we are in the "microbe age" and must tolerate it.

"My dear sir," said the doctor to a disconsolate husband, whose wife had just died, "I sympathize with you from the depths of my heart, in this sad affliction. The case, however, was a hopeless one from the beginning, and, as I told you, medicine was, necessarily, powerless to do more than to ease your dear wife's suffering." "I know, doctor, you did all that could have been done, and that fact is a consolation to me. You were very kind and devoted, and I feel that I owe you a great debt—" "Oh, my dear sir," returned the kind-hearted man of medicine, "please don't mention such a thing just now. It will be quite time enough after the funeral when I will let you have my bill."

A druggist out in Wyoming advertises a good opening for a doctor who can read, write and spell. This sign of a growing demand, on the part of the people, for the higher medical education is certainly very encouraging, and it is none the less so because it comes from beyond the point reached by the star of empire. Let us hope that after the people of Wyoming have become fully aroused to the necessity of the qualifications indicated, the influence of the great reform which they have inaugurated may extend eastward, even to the medical colleges of the states. 'Tis a consummation devoutly to be wished.

Of one hundred and twenty-nine doctors who, as agents of the White Cross Society, devoted themselves to the care of cholera patients during the recent epidemic in Naples, twenty fell victims to the disease. Is it not a little singular that while the attention which the king showed to the sufferers was heralded throughout the world as an example of rare devotion and heroism, mention was scarcely made of the score of noble men who offered up their lives on the altar of philanthropy ?

Our English friends are growing goody good apace. We noted the fact some time ago that hot water had taken the place of "something stronger" as a "pick-me-up" in "the best circles." We have now to announce that cold tea is now the fashionable preventive in London against the sore throats which the cold winds and fogs of that city are so apt to cause. A strong infusion of black tea is used as a gargle night and morning.

New York is now to have a crematory. The corner stone of the building was laid at Mount Olivet cemetery, Long Island, on the 19th inst. The growth of sentiment in favor of incineration as opposed to inhumation, is slow, but there seems, nevertheless, to be a growth.

The following definition of a kiss is Bostonian: It is a paroxysmal contact between the labial appendages attached to the superior and inferior maxillaries, respectively of a woman and a man or of two women. The younger the parties to the act the more paroxysmal will be the paroxysm.

M. Gérard Lague declares that syrup of gooseberry is a complete disguise for the taste of iodide of potassium.

The American System of Practical Medicine.—Edited by William Pepper, M.D., Provost and Professor of the Theory and Practice of Medicine and Clinical Medicine, in the University of Pennsylvania. Assisted by Louis Starr, M. D., Instructor in Diseases of Children, at the University of Pennsylvania. In five imperial octavo volumes, containing about 1,000 pages each, with illustrations. Price per volume, cloth, $5.00; leather, $6.00; half Russia, $7.00.

The above is copied from the prospectus. The work announced has been in course of active preparation for three years, and is now in a sufficient state of forwardness to justify the publishers in announcing it. Its scope is a comprehensive one, covering a field which, strange as it may seem, has not heretofore been attempted. Other countries have their encyclopædic works on the practice of medicine, embodying native thought and the peculiarities of native practice, and these works are offered to and purchased by American practitioners, who make them their guides, notwithstanding the fact that they do not take account of any of the peculiarities of Americam practice. That this is a somewhat anomalous condition of affairs, few will hesitate to admit. In the American System above announced, American medicine will for the first time be thoroughly represented by its worthiest teachers—from the North and the South, and the East and the West, the best thought and the fruits of the keenest and best trained observation are contributed to this common treasure house. The list of contributors contains the names of those who have given previous and satisfactory evidence of their right to write with authority on their several subjects, while the name of the editor is all the guarantee that any American physician will ask, that nothing which is not strictly what it should be will see the light in its

pages. The work will be sold by subscription only The first volume will be ready February 1st, 1885, and the other volumes will follow at intervals of about four months.

A Manual of Dermatology. By A. R. Robinson, M. B., L. R. C. P. and S., Edin., Professor of Dermatology at the New York Polyclinic, Professor of Histology and Pathological Anatomy at the Woman's Medical College of the New York Infirmary, Attending Physician to the Demilt Dispensary, Skin Department; Member of the American Dermatological Association, etc. 8vo., 647 pages. Price, $5.00.
New York: Bermingham & Company.

This volume, itself of very respectable dimensions, is, we are told by the author, but the basis of a future much larger, more pretentious, and more original work. Its aim is to give a fairly concise and yet complete description of the different diseases of the skin, and in attempting this aim the authorities in this domain of medicine have been freely placed under tribute. Fifty pages are devoted to a consideration of the anatomy and physiology of the skin. Following this is the "Classification," that fruitful bone of dermatological contention. The author has very little respect, evidently, for the classification of the American Dermatological Association, which, he says, "was decided by balloting, and never should have seen the light." He has adopted Hebra's classification, making only such changes therein as have been rendered necessary by the advanced knowledge of to-day, as compared with that which obtained when von Hebra's classification was published. A classification is held to be absolutely necessary to an intelligent study of skin diseases, and, doubtless, the author's preference for Hebra's is well-advised.

Dr. Robinson's experience has amply qualified him for the task which he assumed, and he has given us a book which commends itself to the consideration of the general practitioner. His style is clear, and his arrangement of his matter is such as facilitates reference. The publisher has left nothing to be desired as regards his duty, in connection with the issue of a first-class treatise

A Practical Treatise on Fractures and Dislocations. By Frank Hastings Hamilton, A. B., A. M., M. D., LL.D., late Professor of Surgery in Bellevue Medical College and Surgeon to Bellevue Hospital, New York; Consulting Surgeon to Hospital for Ruptured and Crippled, to St Elizabeth Hospital, etc.; Author of a Treatise on Military Surgery and Hygiene, a Treatise on the Principles and Practice of Surgery, etc. 7th American edition, revised and improved. Illustrated with three hundred and seventy-nine wood cuts.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

This classic work is so well known to surgeons everywhere that words in commendation of it would be quite supererogatory. It has been before the profession for a quarter of a century, and its present appearance, in its seventh edition, unites all that was valuable and worthy of perpetuation in the first edition with the true advances which have marked the course of surgery during the intervening years. The revision which the work has undergone since its last edition has necessitated a very considerable increase in its size; it now appears in a volume of over 1,000 large octavo pages. The peculiarity of the treatise, as compared with the too frequent efforts of modern book-makers, is its originality. The author has taken nothing for granted, and commends no procedure for which he does not find a warrant in the results of his own experience. From the beginning of his studies, he declares, he has found one of his most difficult labors in attempting to eliminate from surgery the numerous "false facts" or unreliable statements derived from observations made on the cadaver or on cabinet specimens whose history is unknown. The fact that different students have made these data the bases of different conclusions, proves their occasional worthlessness as testimony.

The mechanical part of the book is in strict keeping with its scientific and literary excellence.

Elements of Pharmacy, Materia Medica and Therapeutics. By William Whitla, M. D. (Q. U. I.), Physician to the Belfast Royal Hospital, Consulting Physician to the Ulster Hospital for Diseases of Women and Children, etc. With lithographs and wood cuts. Second edition.
London: Henry Renshaw, 356 Strand.
Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

This book is another concession to the demand for a short cut to a medical education, and we find little or no reason in our examination of it, for making it an exception to our opinion of its class. It aims to give in 560 12mo. pages, an epitome of pharmacy, materia medica and therapeutics, besides devoting 60 pages to new remedies, and 90 pages to prescription writing and chemical tests. The author does not presume that the work will take the place of any of the systematic works on the various divisions of medicine on which it treats. We would not for a moment question his honesty, or that of any of the compilers of similar epitomes. The fact, nevertheless, remains that such works do take the place, to a very large extent, of systematic works and the other methods through which a proper medical education can alone be secured. A result of this is seen in the sciolism which abounds.

Dr. Whitla's book is one of the best of its class which we have seen, and to those who wish a work of its class we commend it.

New York Letter.

THE DAY IN THE METROPOLIS—NEW OPERATIONS DETAILS AND DISCUSSIONS—THE COMING WINTER, ITS PROBABILITIES.

New York, November 18, 1884.

If the progress of medical science in the metropolis has been notable within the compass of the present year, most notable of the year's record will be the pages that its last three months will write. At no time is there scientific dullness in New York, and one month is as progressive as another. But after the college commencements some of our best

thought seeks a vacation, and not until the hot term is over is there any active generation of force. October begins what only June can end, and the October that has just past has been initial of a busy winter. Not only are the colleges enjoying sessions of unusual brilliancy, with long rolls and ablest faculties, but all of the societies are well at work, the hospitals are commanding increased respect, and the general practitioner is wide awake in every nerve, and zealous more than ever to make his life worthy of the time.

New York is not the physician's Paradise, but the days of the present autumn are calling forth some fine developments. The medical publishing houses have of late brought out some sterling works, and there are steam presses that are singing of the glories of books that are yet in the embryo of the prospectus. The surgical instrument dealers tell me that there is an increased demand for instruments of precision, and that though there are few new ventures in steel and glass, there are no signs of dull times. The manufacturing chemists are not boasting of being at any extraordinary distance from the point of depression, but the soberest kind of truth is that the drug market though firm is so at declining prices. Nothing radical or even actual is pushing production, and though the pharmaceutical clouds have a silver lining, they obscure not, neither do they threaten. The busiest pen in the city is in the hand of a pharmaceutist, but there is a vast amount of medical writing on desks here and there, and under the shade of next summer's trees we shall read some good things of recent writing.

The coming winter promises to see accomplished not a few new methods of medical and surgical procedure, that have been in inception or brought forward within the space of the last few months. That some of these are premature, that others are without substantial value, and that still others are crude at best, marries well with the possibility that some are destined to be successful. By new methods one does not, of course, make any reference to the ever-recurring matters of experiment that press forward to notice, but rather to things that are past the tenative stage and are ready to claim credentials. London, Paris, and Edinburgh were of old the birthplace for nearly all that was of applicable importance, but of late, New York, like Vienna, is a good place for practically new or modifying methods to be born in. Every year sees these multiply, until in singling out the past twelve months as a field of observation, we are surprised not so much at the number of new means of medical science, as at their value.

Among the gynæcological operations that are to come into prominence and are attracting notice is Dr. Noeggerath's new method of performing ovariotomy. The doctor is a thoughtful disciple of Lister, and has for many years been noted for generalizing his antiseptic measures, and for keeping himself from sin against his master. His patients are placed in an antisepsized room of isolated plan, and on a rubber bed filled with water of a temperature of 100° or 102° F. The operation commences by incising the skin, the subcutaneous layers of fat, and the superficial fascia, to an extent of nearly three inches. The trocar is then plunged into the cyst at once, and the contents evacuated. If the liquid is bland the operation is proceeded with; but if it is dark or purulent, a 2½-per-cent. solution of carbolic acid is injected into the cyst, and then withdrawn. After the cyst is emptied, the handle of the trocar is depressed towards the umbilicus, carrying the lower part of the tumor against the anterior abdominal wall. The latter is then incised upon the trocar down to the cyst. This leaves all clear to rapidly remove the cyst from the peritoneal cavity by means of the trocar, tie the pedicle, and sever the adhesions. The operation is short, simple, and without the chances of the cyst liquid emptying into the abdominal cavity, of shock, and of septicaemia. If the contents of the tumor are semi-solid, or if, in consequence of recent tapping, the cyst is small, the operation is hardly applicable. The after-treatment consists in filling the rubber bed with cold water, in case of rise of temperature, which follows upon intra-peritoneal ligature. The results have so far been very satisfactory, and our great gynæcological surgeons are favorably disposed toward it. The strong points are the stringent antisepsis, the simplicity, the rapidity, and the careful management. Whether it will be generally recognized as worth while by those who, with the old and tried methods, make success a rule and failure an exception, remains for coming work to prove. But—as was observed by one qualified to judge—"there is Listerism enough in it to bring it into prominence." Though Dr. Emmet favors it decidedly, I think that at the Woman's Hospital, in the course of coming months, any innovation will not receive sanction. At several recent gynæcological operations in that staid and orthodox institution, I have not noticed any departure from old and stereotyped methods, and it is manifest that there is a tendency to hold fast to that which is long approved. In private practice it is the same thing, but the chances of the innovations are not bad.

Perhaps, because it is not as pretentious, or possibly because it treads upon ground a deal less holy, yet quite as important and as promising, are the prospects of Tuffnell's method of treating aneurism. It does not seem unjust to call this treatment *new*, for, though practiced at Guy's Hospital as long ago as 1879, yet it is but recently in favor in New York. There is no such thing as a surgical craze about any method or operation, but it is noticeable that of late some of our leading surgeons are talking much of Dr. Jolliffe Tuffnell and his method. Of course it amounts to a concession to hygiene, an allowable and courteous act, but one by no means common, and therefore new. To retard the flow of blood and thicken it, thus aiding nature's processes, is quite antipodal to the heroic measures that half of our surgeons have almost apotheosized;

but conservatism is the law of the day, and it is a sign of the times that men who welcomed the chance to use the knife only a short time ago, are now alive to the therapeutical value of diet and rest. This does not signify that surgery is losing place or consistency, but goes to show that palliation is triumphant over operation. Wonderful stories of the success of the Tuffnell method are told, and it is certain of a thorough trial.

Another transatlantic operation that is receiving praise, is Wolfe's operation for symblepharon. Some time ago when Dr. E. T. Ely brought it to the attention of one of our societies there was a disposition to leave it alone. But the seasons change in operative ophthalmology, and the general verdict is now in the direction of its adoption. I had hoped to have procured the opinion of Dr. St. John Roosa. but was not able to do so. Nothing, however, is impossible with that bold operator, and if any one hails conservative surgery it is he. Ophthalmologists love Wolfe as erst Soelberg Wells was loved, but his operation stands on its own well-defined merits. The stigma that ophthalmology is too eager to catch at any new thing, is not borne out in this city. In instance is the distrust that has greeted and has resisted Wicherkiewicz's operative procedure for scleritis. Meyer's optico-ciliary neurotomy was received in the same way, but when practically demonstrated, the reception became warmer, thanks to Dr. J. Hirschberg.

In answer to my question, "What is new in ophthalmology ?" one of our bold young operators was at pains to emphasize his faith in Landolt's blepharoplasty; and to illustrate his adoption of that article, he advised me that at an early day the new German method will be given a thorough trial here. The cards for the clinique are just out.

Every year or two we have a surgical *Mirabile Dictu* to put to thought, and this year it is the Swinburne method of treating fracture of the femur. Dr. John Swinburne—whilom of the Paris ambulance corps, last year mayor of Albany, and last week elected to congress—is *the* surgeon of provincial New York, and for several years has been doing remarkable fracture treatment in Albany. Last month he was in New York, and his treatment has elicited many admirers. He uses extension and counter-extension, without splints, securing the perineal and crural bands to the bedstead, and freely using adhesive strips. He never has shortening, and of course such results cause a *furor* over the system. This is almost wonderful, for Dr. MacCormack, of London, when here a few months ago, preached against the perineal band, and Dr. Van Buren, just before his death, told me that at the New York Hospital he had not used it for years. Dr. F. H. Hamilton said to me some time ago, "If by Swinburne's method you mean omitting the side or coaptation splint, I do not favor it!" Other opposition is rife, but I note a large share of faith is put in the Albany surgeon's simple method.

And medicine? Well, the burden of the summer's theories has been on the subject of cholera. Ordinarily the same kind of talk is sold to yellow fever at a considerable profit, but the physician who is not disposed to discuss the great filth plague is not up to the times. No one swears by Esmarch or Billroth, Thompson or Keith, in this year of grace, but has Pasteur and Koch as household words. The State Board of Health is doing a service that none thought possible, and Dr. Carroll, the secretary, is the hail fellow of every medical man. The same debt of gratitude went to protest ignobly not so long ago, but since the first hot wave of last May, it has been the fashion to sniff for sludge acid in our coffee, and to analyze every zephyr that has had any idea of seeing Hunter's Point. The summer's alarm is now dying out. Dr. J. C. Peters is reported as saying that "the same causes" produce cholera, typhoid and yellow fever, and such a sweeping definition is the fashion of the hour. The duet is sung by filth and germs, and the "air" is popular and sanitary. Quarantine has always had its multiplicity of detail to advance, but it is better observed to-day than ever before. Dr. Vanderpoel, when he was health officer, never imported more pestilence than possible, and Dr. Smith, his successor, is just as vigilant. In consequence, any would-be disciples of Koch are without material to cultivate the germs, and the pastime of Kochiculture is not likely to be indulged in just yet.

The new therapeutical agents introduced during the past few years have settled down to their legitimate demand. Interviewing some of our best druggists, and knowing of the armamentarium of the city's most enterprising physicians, I find that a number of new drugs, are, to say the least, out of style. Cascara sagrada, ustilago maidis, and two or three others are vigorously surviving, but the New York practitioner is conservative and is not inclined to dabble in the "inherently superior," and gives his better considerations to well-proved means. There is, however, a disposition in favor of ingratiation with the public in the careful study of the sensitiveness of palates. Some of the houses that have a reputation for fidelity and ability at stake, are placing on the the market such powerful drugs as arsenic, aconite, morphia, atropia, etc., in forms that nicely minister to the æsthetic tastes of our patients. This is quite as it should be; but to offset this material advance, there are other houses of the same popularity that are putting out medicines that are in the hands of the public as mere nostrums. What is to be done about it? Wait and see. I opine that there will be some boycotting of drug houses done this winter, and that it will not be a factitious effort, either.

New instruments are being announced continually of late, and the unwonted activity of the ingenuity of medical men is worthy of remark. Never before have instruments of precision been so in the ascendant. The ridiculous is catered to almost too boldly, and we have the machine to measure the amount of

heat thrown off by the system, the pneumasyren, the respiratory anemometer, and the unison-resonator! Yet the telephone has actually been applied to urethral surgery, and only a few days ago some anxious experimenters were working with Dr. Nestler's new endoscope, in patient hope of at least seeing the interior of the stomach of a Cortlandt street clerk who was posing as an improved Alexis St. Martin. At another time, when more space offers, I hope to write of some commendable instruments that have recently been shown in the societies or used in the hospitals. In point "they say" that the Medico-Legal Society discussed infanticide once on a recent time, and for some unexplained reason used a torsion forceps as a means of illustration! This might naturally lead to the inquiry: "What do New York societies accomplish?" Mr. Knowlesy Thornton, eminent London surgeon, is not the only one who has wondered facetiously over that very interesting question, and doubted when he was answered.

The Academy of Medicine will lead all other societies henceforth, for obvious reasons, and to say small praise is to say that the secretaries of each section have in their minutes, material for some of the best of original text-books. I recall a paper read some time since by Dr. Caro, in the Obstetric Section, that provoked a discussion that not only led to the production of an admirable commentary by Dr. Fordyce Barker, but as well opened up a controversy that is not to lose its echoes for months to come. How much better do our state societies do? If the cream of our medical literature is inquired for it might not be presumptuous to seek it in the various Reports. That such cream is not a pellicle of microscopic worth we all know, and if all indications are true, there will be a vast deal to skim at the stated meetings in the coming months. Indeed, we have seen certain "advance sheets" that in due time the members are to hear, that are *creme de la creme.*

And the Hospitals? In another letter I will give extracts from Reports, just now very meaty. "Milk for babes, and meat for men," being translated means: Cream from Society Reports for the textic theorist, and meat from the Hospital Reports for the practical thinker!

One word on the agitated secularization of hospital nursing. There is a great amount of nursing done by persons connected with religious orders, and some of our practitioners seem to have concluded that this is not the state of things for the good of the hospitals. But, on the other hand, there is a quiet sentiment in favor of the *religieuses;* and still further, the governing boards evince no temper either way. The sentiment of discord is strong, but those who are unprejudiced think a lay nurse as devoted to the sick as a Sister is. There is a mighty imperfection of human nature, both secular and ecclesiastical, in New York, and it will perhaps occur to the interested parties that a salutary emulation may be brought about by continuing both sets of nurses on duty.

W. H. M.

Stomach Dyspepsia.

BY AN OLD PRACTITIONER.

Dyspepsia is one of the tributes which men pay to civilized and enlightened society. It has been called the remorse of a guilty stomach, but, even though it be at the risk of destroying a beautiful poetic conception, I must enter my protest against the definition, which, however beautiful as poetry, is not correct when adjudged by the pathological standard. In probably the majority of cases the stomach suffers from no fault of its own, but is, rather, a poor starvling, robbed of its quota of nervous energy and struggling under a load which it might carry with ease were the guilty brain, which filches from it its vital stamina, to allow it its deserts. While over indulgence and insufficient mastication causes their hundreds of cases of dyspepsia, business and social cares and the worry, inseparable even in the most hardened, from misdeeds, cause their thousands.

Dyspepsia, however, is hot alone of the stomach. It is, moreover, not a disease, but the symptom of a disease which may exist in any portion of the digestive tract. The term means difficult digestion and has no pathological significance. Digestion may be good (*eu*pepsia) in one portion of the digestive tract and faulty (*dys*pepsia) elsewhere. It is, therefore, apparent that it is very important in undertaking the treatment of a case of dyspepsia to prepare the way by a correct determination of the part in which the digestion is imperfect. I shall have reference, in what follows, to the stomach, and shall consider dyspepsia as it occurs there, purely as a functional disease, *i. e.*, in the ordinary acceptation of the term functional. Where appreciable organic changes present, the affection is known by other names. Functional dyspepsia, then, presents no anatomical lesions.

Dyspepsia (stomach) is directly traceable to a variety of causes, among which may be enumerated the following: Deficiency of gastric juice, excess of gastric juice, perversion of the gastric juice, improper diet, psychical causes which deprive the stomach of nervous energy (as mental emotion, excessive brain-work, etc.) and mechanical constriction, as in tight lacing, or in occupations requiring a constrained position of the body, as, for instance, the trade of shoemaking, etc.

While deficiency of gastric juice may result from a variety of affections of the stomach, particularly of an inflammatory nature, it may also occur without appreciable lesion. In addition to emotional causes, the physical causes found in bodily exhaustion, from disease or fatigue, and privation of water may prevent a sufficient secretion of the gastric juice for the purpose of digestion.

An excess of gastric juice is most commonly of nervous origion, although the exact modus operandi of the cause is not yet clear. The secretion may be either of acid or of alkaline reaction. When alkaline, we have the pyrosis or water-brash, the popular name of which, "heart-burn," is taken from the sen-

sation which it causes at the cardia. It has been held by some that this alkaline fluid is swallowed saliva, and the detection in it of sulpho-cyanide of potassium, by Frerichs, would seem to lend color to this view. But this excessive amount of fluid in the stomach is not always alkaline in its reaction, and in such cases it is either the product of excessive secretion of the gastric juice, or it acquires its acidity from acetous (butyric) fermentation of food which has failed to digest through a deficiency of gastric juice. We thus have the apparently anomalous condition of acidity, due to either a deficiency or an excess of normal acid secretion by the stomach.

Perversion of the gastric secretion is never primary in its origin, being always associated with other constitutional affections. In diabetes, for instance, we have sugar in the gastric juice, and in uræmia the secretion may contain carbonate of ammonia, from the decomposition of the urates in the system. While this question of the perversion of the gastric secretions is an interesting one, it does not necessarily come up for consideration in connection with dyspepsia, it being rather a complication of a more grave constitutional disorder.

But the normal quality of the gastric secretion may not be impaired, and yet the patient may suffer from distressing dyspepsia. In such cases the difficulty lies in impaired capacity of the stomach. This impairment may be due to exhaustion of the stomach from the excessive demands on it from over-feeding, or to a depression of its vitality in common with that of the system at large from general disease, or from the effects of age. The exhaustion may, moreover, be due to diversion of nervous energy to other parts of the body. It is safe to assume, for practical purposes at least, that there is in the system a definite quantity of nervous energy, and that nature has distributed this to various organs, in such quantity to each, as is necessary to the proper discharge of their several functions. When, therefore, one organ consumes more than its share of this energy, it must be at the expense of the other organs. Herein we have a hint at the underlying cause of a vast deal of the dyspepsia which afflicts the modern man. The cares of business in our unnatural modern life divert from the stomach to the brain and nervous centres the energy necessary to the discharge of its functions.

It has not been my purpose to write an exhaustive essay on the subject of dyspepsia, my desire being rather to mention a few points, the remembrance of which will prevent the physician from falling into the routinism which, I know, largely prevails in the treatment of this symptom. The simple fact of difficult digestion is made the excuse for the indiscriminate exhibition of pepsin and its congeners, nitro-muriatic acid, the bitter tonics, *et id genus omne*. Occasionally the case under treatment (?) is hit by one of the ingredients of the blunderbus prescription, and not only occasionally the whole charge misses its aim, and scattering abroad in the system does mischief, the sum of which we have no means of accurately determining.

In deficiency of gastric secretion, the object of treatment is to improve the tonicity of the gastric glands, and while endeavoring to effect this, to supply from our armamentarium such agents as will cause the digestion in which nature fails. These ends are best attained by means of the simple bitter tonics and nitro-muriatic acid. But much depends on the time at which these are given. To give the acid before meals and the bitter tonic after meals would be but to aggravate the orignal trouble. Without being drawn into a committal to the doctrine of *similia similibus curantur* (although I, by no means, hold this doctrine to be absolutely absurd) I would declare my faith in the dictum that acids check acid and stimulate alkaline secretions, and alkalies check alkaline and stimulate acid secretions. To give an acid before meals, therefore, would be to diminish the excitability of the gastric glands (whose secretion is acid), and thus render them unsusceptible to the stimulation of the food which is ingested. Give it an hour after a meal and you superadd its digestive action to the action of the juice which the food has stimulated the glands of the stomach to secrete. Give the simple bitter tonics before meals and you give tonicity to the stomach, and thus prepare it to secrete its own acid and pepsine in sufficient quantity for the purposes of digestion. When fermentation ensues owing to deficiency of digestive acid, the process may be delayed by the administration of glycerine after each meal. I have seen cases in which the exhibition of a teaspoonful of glycerine after a meal has prevented this fermentation with its distressing subjective symptoms, by keeping it off sufficiently long to permit of the action on the food of the slowly secreted stomach secretion. In excess of acid secretion, we find in the physiological law which I have quoted a guide to the suppression of this excess. Give the acid an hour before meals in such cases, and in combination with bitter tonics.

When dyspepsia is due to the robbing of the stomach of its quota of nervous energy, the remedy suggests itself. If the victim will not abate the eagerness of his pursuit after wealth, he must continue to pay the penalty, for nerve tonics are at best poor apologies for treatment under these circumstance.

I realize as fully as any of my readers can the superficial nature of this discussion of a difficulty which lies at the root of, perhaps, the majority of the depression of spirits and its long train of consequences, which afflict the modern man and woman. Too give a full consideration of the subject would trespass on the space of the AGE, to say nothing of the extent to which it would tax my capacity. If I have succeeded in stimulating any one who may be in the habit of following the usual routine in the treatment of dyspepsia, to simply look beneath the surface of its manifestations, I have done all that it was my desire to do.

Some Therapeutic Limitations.

BY DAVID INGLIS, M. D., PROF. PRACTICE OF MEDICINE, DETROIT MEDICAL COLLEGE.

It not infrequently happens to the physician in his daily contact with the sick, to find the general tenor of text-book orthodoxy rudely interrupted by heterodox facts. One by one we are becoming aware of the myths of medicine, and, while we thus lose the peace of mind which comes with implicit faith, we are gaining a surer foothold of knowledge.

One of the dogmas of therapeutics is the dietetic treatment of diabetes mellitus. It is probably no error to say that whenever a diagnosis is made of diabetes mellitus, whatever other therapeutic measures may be adopted, the invariable first step is to put the patient on a limited diet, excluding, as far as possible, all that valuable group of foods which are readily convertible into sugar, the farinaceous and saccharine. The more rigorously this can be carried out, the more does the physician expect to be able to retard the progress of the disease or to effect a cure. In the face of achieved results in many cases, it would be folly to deny that such a plan of treatment merits the highest approval. But is there no limitation to its applicability?

When we consider that a diabetic patient is suffering from a more or less rapid tissue waste, as is manifest from the progressive emaciation, the increasing feebleness and the increased elimination of urea, is it always wise, in our efforts to cure the disease, to overlook the patient? On the contrary, is not the phenomenally vigorous appetite an indication that the tissues are calling for renewed supplies, and do not the tissues of the patient require variety of food as in health; especially does not the maintenance of the digestive function demand such variety? I think the experience of almost every one will compel an affirmative answer. Indeed, the reluctant admission is made that such is the case, for it is stated that patients deprived of farinaceous foods acquire a complete loathing for nitrogenous diet, and a piece of bread must be granted as an appetizer. The error and the limitation to rigorous dietetic treatment seems to me to lie in this, that we have not, as yet, fully come to realize that "diabetes" is not one individual disease, but like "Bright's disease," will be found to be but a symptom of a number of conditions, and the time is coming when we will be able with greater accuracy, to differentiate the pathological condition, and correspondingly to apply dietetic as well as other treatment.

Hitherto the effort has been to find one theory which will explain the causation of melliturla in all cases.

Until such differentiation shall make more clear the proper application of rigorous diet, it seems to me that closer attention ought to be given, not so much to the daily or weekly variation in the quantity of sugar eliminated, as to the maintenance of the patient's powers and nutrition. When it is considered how many cases of diabetes first come to a physician, or to one who succeeds in making a proper diagnosis after having had symptoms which make it seem probable that the disease has already been of long standing, and that meanwhile the patient, on a mixed diet, has been maintaining a fair degree of nutrition, or losing but slowly, it behooves us to have a care that in our efforts at cure we do not cause a sudden breaking down of the general nutrition by a too rigorous diet. Especially is such a result to be feared if the enthusiastic practitioner cuts off, at a blow, an important group of alimentary substances, and those the ones usually most acceptable to the patient's wishes. I am confident that slowly progressing cases of diabetes have been brought to a rapid conclusion by such injudicious measures.

Another therapeutic limitation which it seems to me will bear discussion is the treatment of gonorrhœa by urethral injections. In this as in the last case much confusion has arisen, and much therapeutic error as well, from a failure to recognize the fact that the mucous membrane of the urethra, like mucous membranes generally, is susceptible to a variety of irritants and to a corresponding variety of intensity and character of inflammation. The myth of the abortive treatment of gonorrhœa still is held in good credit to the detriment of many a capable physician. Because a case of moderate catarrhal urethritis has yielded in a few hours to an astringent or emollient injection, therefore all cases of genuine gonorrhœa are expected by the errant and infected young man to be amenable to the same treatment, if seen early. The sooner this myth is exploded the better for both the public and the profession. The profession will cease to be misjudged and the public will cease to bring on orchitis by the indiscriminate use of injections. The whole matter of urethral injections will bear discussion. Let us consider a case of gonorrhœal urethritis. The urethra is a small tube, even in health so extremely sensitive to the entrance of foreign substances that we have a recognized form of constitutional disturbance, catheter fever, and cases of syncope, on the introduction of a sound or catheter, are common enough to be expected. This tube is inflamed and from the surface is taking place a muco purulent secretion every hour of the twenty-four. At no time is the caliber of the tube free from accumulated pus, and it is proposed to inject either an astringent, an antiseptic or an emollient fluid. In the first two cases it is well understood that the strength of the solution used must be carefully adjusted; weak enough to avoid increased irritation, say ½ to 1 gr. of sulphate of zinc, or 1 to 2 grs. of nitrate of silver to the ounce. When that small quantity of either astringent has combined with the muco-pus present in the urethra how strong must we conceive the astringent effect of the combination to be and how much of the astringent must we conceive to come in contact finally with the inflamed surface; and allowing, liberally, three injections per diem, how much of the twenty-four hours are we to conceive the agent as acting to counteract the unintermitting hyperæmia and pus formation?

The same considerations apply to an antiseptic injection. The necessary weakness of the injected fluid, the immediate dilution, speedy removal and constant fresh formation of pus make the idea of effectual antisepsis untenable. When we attempt effectual antisepsis in an open wound we contemplate constant saturation with the antiseptic.

While so much may be urged against the efficiency of urethral injections as curative there are many who have had what to them is cogent proof that injections either from too great strength or from forcing the irritant pus from the anterior to the deeper seated portions of the urethral canal and its connections have been the direct cause of severe orchitis and sometimes of cystitis. The natural emollient of the urethra comes from the kidneys, and we have undoubted means of safely medicating the urine, which makes the most effectual applicator and cleanser yet found. The penis is also an organ which readily admits of the application of antiphlogistic cold and emollient heat.

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THE DIPHTHERIA QUESTION.—The outcome of all efforts heretofore made to formulate such a theory of the causation and nature of diphtheria, as shall prove of value as a basis for the prevention and cure of this disease, is far from encouraging. The question has engaged the best thought of the profession for many years, but in spite of the most conscientious work, under the most powerful stimulus which can incite even medical men, its solution has still to be reached. To enumerate the various theories which have been advanced would be practically useless, for not a single one of them has stood the test of subsequent experience and observation. It has been the fashion of late years to ascribe all or nearly all, of the diseases on the list to the entrance into the system of specific germs, each onc of which propagates its own kind and not any other, unless, perhaps, a cross result from the union of two of different species. It was not strange that in this "microbe age" a theory of diphtheria should have been advanced, based on the existence of a diphtheria micrococcus. It would, indeed, have been strange had no such theory been advanced, and certain microscopists discovered, or thought they discovered, in the diphtheritic exudate micrococci, which could not be found elsewhere. This discovery, or alleged discovery, was hailed with great joy. The *causus morbi* had at last been cornered, and all that remained was the discovery of an agent which should destroy it. Accordingly the list of antiseptics was carefully gone through, from alpha to omega, if, haply, a bacteriacide might be found which should give the deadly germ the *coup de grâce*. Before this very desirable end could be achieved, however, it was discovered that the searchers had struck a wrong scent, and that the washing of the supposed diphtheria micrococcus in pure water without at all altering its physical appearance divested it of all its virulence. Once again the theorists were at sea. But although the micrococcus, *per se*, has thus been found to be innocuous, the hygienist and the therapeutist, probably in lieu of another theory, have kept right on with their disinfectants and antiseptics, in their efforts at prophylaxis and cure. But in spite of improved ventilation, and cleansing of sewers, and sulphurous acid gas, and ozonizing agents, and carbolic acid, and sulphate of iron, and corrosive sublimate, *et id genus omne*, diphtheria still appears and still continues one of the most deadly diseases.

In connectin with the above, an observation by Dr. Hal C. Wyman, of this city, who has just returned from a tour of the eastern states, is quite suggestive. The uppermost topic discussed by the doctor with such members of the profession as he met, was diphtheria, and he failed to elicit any information calculated to assist in the solution of the questions to which we have referred. The same uncertainty and groping in the dark prevails in the east as perplexes the profession of the west. He reports that in New York and Boston the disease prevails most largely, and with the greatest intensity in those quarters in which the hygienic conditions are most correct and where the sanitary regulations are of the highest order. It is found in the suburbs of Boston, where the physical conformation of the country is such as the sanitarian would pronounce the most favorable to health, where the drainage is perfect, and where the sanitation of the houses is in harmony with the highest requirements of the science. These observations are not antagonized by those made in Detroit. Diphtheria is not most prevalent

in this city in districts which are voted the most unsanitary. It passes by the slums to enter houses in the most healthful streets, and in which the plumbing and sewerage are pronounced by experts to be perfect.

Are not the above facts, which can, doubtless, be corroborated by unprejudiced observers in all parts of the country, sufficient to stimulate a search for the *fons et origo malis* in some other direction than that in which experimenters and investigators have, with unaided eye and microscope, been directing their gaze? Might it not be well to cry a halt to the enthusiasts who are filling our literature with their confusing theories based on discoveries without the body, and ask them to look within? Instead of searching further for micrococci, might it not be well to interrogate the body to discover whether it may not infect itself? Auto-infection is nothing new, and may not diphtheria be traced to causes coming from within the body rather than from without? We submit that these questions are timely, and furnish food for thought. It would be interesting to know how much of the little efficacy of the prophylactic and curative measures in vogue is due to their destruction of "germs," and how much to their elimination of matter of which the excretory apparatus has failed to unload the system. How much of the malaise and other constitutional symptoms preceding the appearance of the patch is due to the entrance of poison from without, and how much is due to the retention of the products of tissue metamorphosis?

The Bicycle and the Genitals.—Since the introduction of the bicycle as a means of locomotion numerous attempts have been made to popularize it among physicians. The arguments have been based on economical and hygienic grounds. The bicycle costs less than a horse, requires no harness, is a buggy unto itself and has no stomach. In order to propel it the rider is called upon to put into motion muscles which while he rides in his carriage are never called upon to contract. In addition to this the invigorating breezes, the alertness of mind necessary to avoid "headers," the excitement of the situation, etc., etc., have all been advanced as arguments in favor of the wheel. The arguments are plausible, and certain young men the exuberance of whose spirits has not been able to find sufficient vent in the vicissitudes of practice, and certain valetudinarians whose confidence in their own prescriptions has waned, have been induced thereby to attempt the conversion of themselves into Centaurs. The reports of the results achieved have not crept into the literature in sufficient volume to permit of satisfactory deductions, and we are, as yet, obliged to concede the superiority of the bicycle on grounds largely theoretical. We are not disposed to dispute the correctness of these grounds. We are, on the contrary, rather inclined to regard with favor any argument calculated to stimulate the individual to greater bodily exertion of a systematic nature. There are, however, to this question, as to most others, two sides, and the searcher after truth is desirous of viewing the subject under investigation from all sides. Dr. S. A. Strahan presents in the London Lancet another side than that which has been heretofore held up for our scrutiny.

He does not condemn bicycling altogether, but when indulged in constantly and especially when the course traversed is rough or hilly he holds that it leads to serious disorders. In the case of growing boys, he declares that the amount of pressure upon the perineum directly affects the prostate, the muscles of the bulb, and indeed the whole generative system. "The pelvis," he says, "is flexed upon the thighs or rolled forward. This rolling forward of the pelvis is slight in easy riding, and very marked in fast riding and hill climbing. Now, when the body and pelvis are bent forward, the ischial tuberosities are raised from the saddle, and the whole weight of the body, save what is transmitted to the pedal by the extended leg, is thrown upon the perineum."

This results, he says, in irritation and congestion of the prostate and surrounding parts, tends to exhaust and atrophy the delicate muscles of the perineum, and leads to early impotence. Many cases could be cited where races have become almost totally impotent from immoderate equitation, as the Tartars, and partially so from the same cause, as the Indians. Like others who have written on the subject, Dr. Strahan speaks of the "disease of the Scythians." but doesn't tell us just what it was. We know that they were a warlike race and continually in the saddle, and can only conclude that he means this constant perineal pressure reduces them to the condition in which Hippocrates tells us he found them. Hippocrates says: "Their bodies are gross and fleshy; their joints are loose and yielding; the belly flabby; they have but little hair, and all closely resemble one another." Yet bicycling is said to be ten times as severe on the perineum as riding.

If it shall ever be suspected that the danger to the genitals hinted at, are at all real, the days of the bicycle are numbered. There are considerations to which economy and even hygiene are secondary.

Sir Moses Montefiore, the Centennarian.—It happens very rarely that there occurs a practical exemplification of the possibility of the extension of human life to a century. The fact that the millions die before they reach even the three-score-and-ten, or (strength permitting) the four-score limit fixed by the Psalmist, has led even physiologists to doubt that it is the design of nature that man shall live a hundred years. The analogies furnished by other animals, it is true, support the belief that we are wound up for a century, and only cease to run because of obstructions which we ourselves introduce into the machinery, but facts, stern facts, stand in the way

of the general acceptance of this belief. It is, therefore, very gratifying to those who have faith in the possibility of a much greater longevity of man than generally obtains, to have furnished them an occasional instance exemplifying this possibility, and for that very reason Sir Moses Montefiore must be held by such in peculiar veneration. There is no doubt as to the date of his birth, which occurred at Leghorn, whither his parents had gone on a visit, on October 24, 1784, and the record of his birth is preserved in the books of the Spanish and Portuguese Synagogues of Bevis Marks.

Sir Moses is not only old, but he combines with age those attributes of mind and body without which length of years is a curse rather than a blessing. He is of cheerful and contented mind and is not burdensome through physical infirmities. It has been truly said that a man is just as old as his arteries. When these vessels become atheromatous, their owner is old, though the church records show him to have covered but few years of mundane existence, and so long as they show no degeneration, he is young in spite of the flight of years. We know with a tolerable degree of certainty the principal causes of degeneration of the arterial parietes, and they are readily avoidable. In the life of Sir Moses Montefiore, they have been avoided. He lived well, and, therefore, he has lived long. His living well has, however, not been after the manner vulgarly held to be good living. The living which is popularly regarded as good, is bad, and that usually held to be bad, is good. The table habits of the *bon vivant* are admirably calculated to bring about atheromatous degeneration, which is much less likely to occur in those to whose stomachs the sensation of hunger is not a stranger. Sir Moses has been a conscientious Hebrew, and has all his life been guided in sanitary matters by the code laid down by his namesake, the great lawgiver of his race. That code is profitable for both Jew and Christian. The secret of longevity —"to live soberly, righteously and godly"—is not affected by race or religion, and its violation is at the expense of health and years under all suns and under all creeds.

Dr. Jæger's Sanitary Clothing. Lancet: This reform in clothing, as has been often demonstrated at the Health Exhibition during the past season, aims at covering the body both by night and by day to the degree of comfort, but not of oppressiveness, with woolen textures, and, except where leather is necessarily worn, with these only. Where leather is employed a porous variety is selected. Not only undergarments, but every other article of daily dress, bedding, and night-wear save boots, is made of wool. The coat is double-breasted, the vest, when worn (which is not always the case), forming an inner flap of the same piece; overcoats are said to be rendered unnecessary by the warmth of the other clothes. No linen is worn; the collar is of unstarched cashmere. Bed-sheets also are composed of the latter material. Felt forms the "uppers," felt and porous leather, the soles of the boots. Wall-hangings are not omitted, being evidently regarded as clothes in an impersonal and Carlylean sense. For their manufacture leather is preferred, on the ground that it is of looser texture than ordinary paper, and is, moreover, an animal product. "Animal to the animal" may, in fact, be said to be the motto of this new experiment in hygiene. It should be mentioned that these various substances are either not colored, or are stained with fast dyes. The mere fact of animal or vegetable origin, of course, is insufficient to decide the question as to the comparative wholesomeness of clothes, but there are good physical reasons why materials allied to flannel in their structure should form the fittest covering for the skin. Their non-conducting quality is a guarantee that the body temperature shall be in great measure conserved; while, on the other hand, the shape and arrangement of their constituent hairs provide for the escape of moisture by capillary attraction, and their adaptation to both of these ends is greater than that of any vegetable fabric. The skin is constantly excreting water and carbonic acid, with fat particles and different decomposition products of the latter, such as lactic, butyric, and formic acids, to which the sour odor of sweat is due. Much of the carbonic acid is dissolved in the excreted water, and escapes with it. Obviously the kind of covering which acts as the best conductor of surface moisture with its various fluid impurities, while at the same time it hinders the escape of heat, is that which commends itself as at once the cleanliest and healthiest. Woolen clothing is, therefore, suitable to warm and cold seasons alike, and to passive and active conditions. We find accordingly that it holds a predominant rank among the dress materials of temperate climates, the inhabitants of which are subject to the most frequent changes of temperature, and exhibit in their lives the fullest and most varied activity. Its arrangement on the body and its relation to the customs of dress are, however, still far from perfect. It gains nothing in wholesomeness, probably not even in comfort, from being overlaid, as it too often is, by an impervious mackintosh or sealskin jacket; nay, it loses much due credit thereby, and perhaps even more when its rightful place next the body itself is usurped by a comparatively inefficient linen shirt. It is for under-garments that woolen goods are most required, and their use in this form is much rarer than it should be. For a great many people these considerations have an especial and vital interest. Certain skins perspire much more freely than others. It is well known that persons of consumptive or rheumatic tendency, even though free from actual disease, have this peculiarity. The same is true of women in middle age, and of all whose circulatory system is for the time weakened from any cause. In these circumstances a coating of under flannel, acting as we have shown that it does, may turn the scale between health and acute illness. The

stockings of the Jæger system are noteworthy. They are, of course, woolen, and have separate divisions for each of the toes. Such a contrivance is well adapted for maintaining the warmth of the lower extremities. We confess to some scepticism as to whether the combination of felt and porous leather in the Jæger boot is equally trustworthy in all weathers. The preference for leather over wall-paper also is of doubtful necessity or advantage. It must harbor dust, effluvia, and germs of disease, if present, in a way that paper does not, unless it be glazed, and if glazed its porous character is gone, and with that any superiority which it may possess. It is open to question if leather is, after all, naturally more porous than paper. These points, no doubt, admit of modification, and they cannot be said to impair in any marked degree the general practical value of the system as sound in theory as its methods are exact.

Definitions of Insanity.—The following definitions of insanity are selected from a long list, prepared by the American Psychological Journal:

"A lesion of the intellectual faculties without pyrexia, and without coma."—*Cullen.*

"A prolonged departure, and without an adequate external cause, from the state of feeling and modes of thinking usual to the individual who is in health; also a morbid action in one, in several, or in the whole of the cerebral organs, and, as its necessary consequence, functional derangement in one, in several, or in the whole of the mental faculties which these organs subserve."—*Combe.*

"A disorder of the power of comparison or judgment."—*Connelly.*

"A derangement of the mental faculties, morbid, apyrexial, and chronic, which deprives man of the power of thinking and acting freely as regards his happiness, preservation, and responsibility."—*Guislam.*

"A lesion in the association of ideas."—*Lélut.*

"A cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of acts, tendencies, and sentiments, as well as a general or partial disorder of his ideas."—*Marel.*

"A condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts have, separately or conjointly, been produced by disease."—*Bucknill.*

"The inability of the individual to correctly register and reproduce impressions (and conceptions based on these) in sufficient number and intensity to serve as guides to actions in harmony with the individual's age, circumstances and surroundings, and to limit himself to the registration, as subjective realities, of impressions transmitted by the peripheral organs of sensation, or the failure to properly coordinate such impressions, and to thereon frame logical conclusions and actions."—*Spitzka.*

"Madmen do not appear to have lost the faculty of reasoning; but having joined together some ideas very wrongly, they mistake them for truths, and they err, as men do that argue right from wrong principles."—*Locke.*

"An impairment of the mind, manifested by intellectual, moral and emotional perversions, and due to physical changes of the brain other than those temporarily produced by intoxicants or the poison of fevers."—*Hamilton.*

"Disorder of brain, producing disorder of mind; or to define its nature in greater detail, it is a disorder of the supreme nerve centres of the brain—the special organs of mind—producing derangement of thought, feeling and action, together or separately, of such degree or kind as to incapacitate the individual for the relations of life."—*Maudsley.*

"An individual is insane when the understanding is diverted or changed in its operations; when he is powerless to avail himself of his intellectual faculties, or to make known his wishes in a suitable manner."—*Hoffbauer.*

"A chronic disease, manifested by deviations from the healthy and natural state of the mind, such deviations consisting either in a *moral perversion* or a disorder of the feelings, affections and habits of the individuals, or in *intellectual derangements*, which last is sometimes partial, namely, in *monomania*, affecting the understanding only in particular trains of thought; or general, and accompanied with excitement, namely, in *mania* or *raving madness;* or, lastly, confounding or destroying the connections or associations of ideas, and producing a state of incoherence."—*Pritchard.*

"A maniac!
Know ye the meaning of that word,
Ye who of health and reason are possessed?
Can ye scan
The tumult raging in the inner man?
Could'st thou draw aside the curtain
That doth envelop his distracted soul,
And see behind it what he doth conceive is real,
Then might'st thou see him scorched
'Pon bars of iron, heated red by fire
Enkindled 'neath them. On every side
Are those whose office 'tis (it so doth seem to him)
To see it is not quenched. Should this delusion leave him,
His poor distracted soul will, by some new fear,
Be tempest tossed; then will he fancy
Everything that he doth see or hear,
And cannot comprehend, is but some method
To destroy or harm him!
Thou can'st not know nor feel,
O ye, whom God has blessed with reason,
A tithe of what he suffers;
For this to know or feel,
Thou must become, like him,
A maniac!"

—Asylum, Utica, N. Y. By an Insane Patient.

"If an individual have feelings so strong that he cannot control them, he is not an accountable being—he is insane."—*Spurzheim.*

CARBONATE OF TITANIUM.—A communication recently appeared in the Medical World, in which one Dr. M. M. Griffith extolled the virtues of the carbonate of titanium as an emmenagogue, declaring it to be the base of the pills which French women, who are notoriously averse to any interference with their menstrual functions, are in the habit of taking when overtaken by amenorrhœa. The article was very adroitly written, and while deprecating the employment of this substance in cases in which the suppression of the menses is due to natural causes, it has too much of the style of the patent medicine warning "not to be taken during pregnancy," about it, not to excite suspicion. Now our emmenagogues are among the most uncertain of our remedies, and the demand for agents which will do what they are supposed to be capable of doing is great, for be it remembered it is popularly supposed that the agent which can restore a functional suppression of the menstrual discharge, is not powerless to bring it about when it has been suppressed through an act of coition. Following the announcement of this new "French woman's friend" her American sister became much interested, and the demand for carbonate of titanium was not only large, but it found few prepared to supply it. Certain suspicious circumstances connected with the whole affair attracted the attention of Dr. A. B. Lyons, of this city. The incongruity of the name was one of the first of these circumstances, for from his familiarity with the nature of the base, the term "carbonate of titanium" was as strange to his chemical ear as "ptyerygium of the iris" would be to the ear of an oculist. He accordingly secured a sample of the drug from one of the few houses who were prepared to supply it, and on analyzing it found it to consist as follows:

Ferrous sulphate (cryst.),	54.8.
Ferric oxide,	40.5.
Calcium salts, Sodium " Potassuim "	2.2
Titanic acid and silica,	1.0
Organic matter (blood-root) and loss,	1.5
	100.0

This analysis shows "carbonate of titanium" to be a comparatively innocent drug, and one the virtues of which, as an emmenagogue, have long been known, to be held at a very low estimate. The French women it appears, however, do not rely on it alone, but combine it with equal parts of "pulv. aloes (soc)" and of the combination give from one to three four-grain pills three times a day (six to eighteen grains of carb. tit. and an equal quantity of pulv. aloes, soc.)

Dr. Lyons communicates the above analysis to the Journal of the American Medical Association, and his article contains the statement of sundry additional facts which point very directly to a scheme, a part of which was the utilization of the medical journals to introduce (to the public, perhaps) a dangerous and immoral compound. The editorial fraternity are under great obligotions to Dr. Lyons for the timely utilization of his chemical knowledge in this matter.

If any additional evidence were deemed necessary to convince our readers that there is something radically wrong in the matter above referred to, they may find it in the statement of the Weekly Drug News, of the 6th inst, that inquiry reveals the fact that no "carbonate of titanium" has been admitted at the Customs of New York.

IS A WOMAN WITH AMENORRHŒA MARRIAGEABLE.—The following is from a lecture by J. Matthews Duncan (*Medical Times and Gazette*): The commencement of menstruation may be long delayed, or the function may never be established—*emansio mensium*— a condition often the result or accompaniment of bad health, always a very important matter in social respects. Such women may have no internal genital organs, or only part of them, or only imperfectly developed organs; and there may be no ground for suspecting imperfection, the women being vigorous, and in all other respects fine specimens of the race. Of this you may remember a case lately in "Martha," where we could detect no genital organs internally by careful examination. Treatment for emansio is generally set agoing early and pursued diligently; and soon the question arises how long is it to be pursued? There is little difficulty in the earlier years if the girl is chlorotic or otherwise in bad health, for these conditions urge the practitioner. There is little difficulty, also, if the girl is ill-developed in her bodily figure, if she is still plainly a mere girl. But it soon, in all cases of entire absence of menses, becomes desirable to know whether or not she can menstruate or should be expected to menstruate; and this especially in robust healthy women. In any case it is common to delay local examination till the age of nineteen or twenty is reached, and then it is done only with the approval of the patient. But necessity for examination may be precipitated by a proposal of marriage. A woman is not wise to marry who has imperfection of the genital organs. In ordinary circumstances regular menstruation is held as sufficient evidence of perfection. When menstruation has not been commenced it is necessary to make examination to ascertain if they are perfect in form and size so far as examination can decide. If they are well sized and well formed it is still a matter for consideration whether or not the married state should be entered upon. Were it certain that a woman who has never menstruated cannot bear a child, she should not be married, but it is known that, while pregnancy is not to be expected, it may occur and be successfully carried on.

I have said that the establishment of menstruation is held, in ordinary life, as sufficient evidence that a woman is marriageable so far as her genital organs are concerned. But this is not a warranted conclusion, and it remains as a practical guide only, because imperfection is very uncommon, and still more rare in women who menstruate. It is a very

interesting and still unsolved question—how small a womb can be successfully pregnant. Certain it is that a very small one may be unsuccessfully pregnant. Long ago I published a case, where a womb was well ascertained to be not above two inches in length from os externum to inside of fundus. This woman was repeatedly pregnant, and had early abortions, and in one of these which I examined, there was marked hypoplasia of the decidua. Under the influence of repeated pregnancies the woman's womb did not increase in size—it remained an under sized organ. It has been fondly imagined that a womb may be made to grow—a natural or healthy growth—and to menstruate—not merely bleed a little—by irritating it with intra-uterine pessaries ; but there appears to me no rationality in such expectations, and I advise you not to resort to such treatment. There are other evident objections to it besides the danger of it inducing inflammation, and even causing death. If repeated pregnancies do not make a womb grow to its natural bulk, a rod of metal inserted into it is not likely to make it grow or to do anything but harm.

While, with the restriction stated, regular menstruation is held as evidence of marriageableness, you must not hold that absence of menstruation is proof of the opposite. A woman may have every quality or attribute of marriageableness who menstruates irregularly, or rarely, or even who has never menstruated at all.

Sewer Ventilation. Lancet: Sooner or later, we are persuaded, sanitarians will discover the unwisdom of ventilating sewers, and as the phrase runs, "letting fresh air into drains" by openings on the street level. No one with a sense of smell can fail to have noticed the highly offensive emanations from street ventilators and "inlet" (!) gratings, frames and pans, under certain, or rather uncertain, states of the atmosphere. We fully recognize the difference between a mere effluvium and posonous gas, but it must be admitted that the two are not infrequently associated, and the former may be accepted as a warning of the latter, although the air may be poisonous without being also offensive. All things considered, for danger and decency's sake, low level ventilation must be avoided. Every single purpose to be gained by the adoption of pipes or shafts opening at high levels, and without risk. Meanwhile it is necessary to point out that these pipes or shafts must not be so placed or constructed as to act the part of supply-pipes, actually "laying on" sewer gas into bedrooms and other apartments, by being so placed as to open near windows or chimneys. Some of the most expert and painstaking architects, engineers, and professed sanitary builders are committing this folly for the sake of a little economy. They think "it will do very well," and be "quite safe" to carry up a ventilating-pipe to the roof of a house, and finish it a foot or so above or on the side of a dormer or other window. Obviously whenever the wind happens to blow in the direction of the window, or to "blow down"—as so often happens—the gas escaping from the pipe must be carried into the window. Then, again, they will not, if it be possible to avoid doing so, use cowls. They like to finish a pipe with a little umbrella, or to bend the sides in a little on themselves, and say this "does better." If there is a chimney-stack in the neighborhood the builder thinks he does a clever thing by attaching his pipe to the brickwork and carrying it a few feet higher. Probably he has heard that it is necessary to keep it away from the chimney, so he bends it out a little at an angle, and thus ensures the occurrence of the very *contretemps* he ought to avoid —namely, the "sucking down" of the sewer gas into the chimney and its discharge into the rooms below. It is forgotten that every up-draught is accompanied by a down-draught, which either encircles it as a cylinder or in some way passes it in the chimney-shaft. This is a matter of exceeding moment. Shafts and pipes connected with sewers must be carried both above and away from all openings—whether windows or chimneys or ventilators or trap-dors—communicating with houses. There is no sort of difficulty in securing this measure of safety. It only requires a firm stand on the part of the owner or "authority" against the plausible arguments of the "professional men" and "experts" engaged. Simply insist that there shall be no opening of any sort in the ground level, whether with a "charcoal pan" or however constructed. Carry all ventilators to a level above the top of the house, and quite out of the way of windows and chimneys. If this be done there need be no fear of sewer gas. If it be not done, however excellent the "system" adopted may be, there must be fear—ay, and peril.

Tracheotomy in Croup.—Dr. C. G. Jennings, of this city, reports, in the Archives of Pædiatrics, results of his experience in tracheotomy which are calculated to arouse a more favorable opinion of this operation than that existing. He has, during the past four years performed it in twenty cases of croup, with nine recoveries. This is certainly a favorable showing, and especially in view of the prevalent belief that the most that can be hoped from the operation is that it may favor euthanasia. The ages of the patients varied from nineteen months to ten years, which were also the limits of the ages of the children who recovered, the average ages of the latter being three years and nine months. In seven of the fatal cases death was from extension of the membrane below the tracheal opening ; in three it was from asthenia and in one from exhaustion.

Dr. Jennings supplements his report of results with some timely observations covering the time for operation, the method of operating and the after-treatment. He holds that the proper time is "medically late, but surgically early," which aphorism being interpreted (and an interpretation of it is, per-

haps, necessary) means that the time is just immediately after it has been determined that further medical interference is hopeless. To defer it longer is not only to increase the danger from constitutional causes but to increase the liability to a fatal issue on the operating table. The selection of the proper time is, therefore, a test of the physician's judgment.

Dr. Jennings is of the opinion that the patient who has been treated with full doses of quinine from the beginning is best fitted to undergo a tracheotomy. He prefers chloroform as an anæsthetic ; its period of excitement is short and a few whiffs usually suffice. The cutaneous incision should be as small as possible, and tearing of the tissue should be avoided as much as possible. He selects, by preference, the point below the thyroid isthmus for the opening. The edges of the tracheal wound should be held apart by retractors and any pieces of false membrane which may present should be carefully removed by forceps or feather, before the introduction of the tube. The ordinary double silver canula, with movable shoulder, is to be preferred. As a protection to the skin and wound an apron of oiled silk, perforated for the passage of the tube, and beneath it a thin pad of absorbent cotton similarly perforated and anointed with carbolized or iodoform vaseline. have been found valuable.

After the operation the child should be kept in a warm bed, and the temperature of the room, for at least a week, should be moist, and not lower than 80° F. Great stress is placed on the necessity of keeping the canula clean. The occasional removal and cleansing of the inner tube will usually be found sufficient for the first few hours after the operation. In from twelve to twenty-four hours, however, the secretion becomes thick and a feather will be found necessary. Moistened and passed through the tube into the trachea it excites cough, and thus favors the expulsion of the obstructing matter. A thin piece of sponge moistened with hot water and secured over the mouth of the canula by means of tapes passed around the neck, is valuable as a means of warming and moistening the inspired air. When there is a tendency of the membrane to form below the tube the use of the steam spray by liquefying the mucus and macerating the membrane will be found useful. A teaspoonful of bicarbonate of sodium in a quart of water makes a sufficient alkaline solution for this purpose.

The canula should be removed as early as possible after air has commenced to pass through the larynx. The patient should, however, be carefully watched for some time thereafter and the canula re-introduced should symptoms of dyspnœa develope.

The Physiological Effects of Tobacco Smoke.—The Medical and Surgical Reporter learns from the British Medical Journal that Dr. Zulinsky has recently published, in a Polish medical paper, the result of a large series of experiments on men and animals made for the purpose of ascertaining the physiological action of tobacco smoke on animals. He has found that the smoke is a powerful poison, even in very small quantities. In the case of man, tobacco smoke, when not inhaled too freely, is only deleterious to a limited extent. Zulinsky declares that the poisonous character of the smoke is not entirely due to the nicotine which it contains. Tobacco smoke rendered free from nicotine remains poisonous, though not to so great a degree as before. The second poisonous principle is an alkaloid, colidin. Carbonic oxide, hydrocyanic acid, and other noxious principles, are also contained in tobacco smoke. The bad effects of excessive smoking depend very much beth on the kind of tobacco consumed, and on the manner of consuming it. In cigar smoking the greatest amount of poison is inhaled, in cigarettes much less, in pipes still less, whilst those who indulge in the nargileh, or any similar luxury, where the smoke is drawn through water, take tobacco in its least mischievous form. Such are Zulinsky's conclusions. There can be little doubt that many of the light-colored tobaccos have been partially bleached in order to give them that pale tint which moderate smokers believe to be an infallible indication of mildness. The decolorizing agent is suspected to be, in many cases, a deleterious chemical compound. Some of the light tobaccos smoke exceedingly hot, owing to the quantity of woody fibre which they contain. This is especially the case with "bird's-eye," which is cut near the stalk of the leaf, the slices of the midrib, thick in this part of the leaf, giving this variety of tobacco the characteristic appearance from whence it derives its name. "Bird's-eye" is very apt to cause slight inflammation of the tongue, on account of the irritant character and heat of its smoke ; and, together with other light tobaccos, must act very prejudicially in elderly smokers, who may be prone to cancer of the tongue or lip. Dark tobaccos are readily adulterated ; but when pure they are probably the most wholesome for pipe-smoking.

Oil of Wintergreen in Rheumatism.—Dr. H. H. Seelye, late House Physician in Bellevue Hospital, gives, in the New York Medical Journal, an analysis of one hundred and eighteen cases of rheumatism treated with oil of wintergreen. The following are the conclusions which he has reached from his observations:

We have found that oil of wintergreen has all the valuable properties of salicylic acid, to which it is closely allied. Its action is more prompt and efficient in obstinate cases. It has a more agreeable taste. Relapses under its use are less frequent. The unpleasant effects of over-dosing are no greater, and it is less depressing. Cardiac complications are no more frequent. It is important not to substitute the oil of birch or a diluted article for it. Large and frequent doses are necessary to get the best effects. It is an efficient palliative remedy in chronic and irregular forms of rheumatism. It is a local anodyne to inflamed joints.

It only remains for us to add the reason why in this article the oil of gaultheria has been contrasted in its therapeutical properties with salicylic acid. This is because the salicylic treatment of rheumatism is the one most popular at the present day, and has given more satisfactory results in the acute form of the disease than any other remedy heretofore discovered. If, therefore, it can be shown that a more recent plan of treatment, carried out under similar conditions and in the same climate, surpasses in its results the one up to the present time considered the best, it is unnecessary to discuss its advantages over all inferior remedies. So, as Dr. Maclagan, in 1876, announced that he had discovered in salicin a specific for acute articular rheumatism, the foregoing facts and statistics have here been presented in order to substantiate the statement that we now have in oil of gaultheria a remedy still more worthy to be called a specific, for by its aid we can speedily cure nearly eighty-five per-cent. of all cases of this disease.

Should Hæmorrhoids be Operated on when Inflamed?—Before the Kentucky State Medical Society at its recent session, held at Bowling Green, Prof. J. M. Mathews, of Louisville, addressing himself to this question, said:

"From a variety of causes, piles are liable to become inflamed, and once inflamed, they may easily become strangulated by passage below the sphincter. Everything is aggravated in this condition and it may take some weeks to quiet the trouble. It has occurred to me, why not operate upon and get rid of them at once? There is no authority that says 'operate upon a pile during the inflamed state,' but they will tell you to apply treatment to reduce the inflammation. I want to state one or two cases. A few weeks ago I was called to a lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action for two or three weeks. I found, hanging down from the anus, two solid tumors; I passed the knife around them and ligated them. I visited him the following morning, expecting to find him in some trouble. To my satisfaction he was out of the house in one week's time. Another case: A young man had a mass of inflamed tumors, hanging from him, larger than my fist. It would have taken several weeks to abate the inflammatory trouble, and I ligated the whole mass. I went to see him the next morning. I was told by the people at the house that he had rested well all night, and got up early in the morning and went out. They sent for him but he could not be found. Three days later I received a postal from Cairo, Ill., saying that he was far on his way home and was all right. When he got home he wrote me that he was entirely well; since then, I have had, I suppose, five or six cases of similar character, in which the proceedings and results were similar. I have, therefore, concluded that instead of applying remedies to relieve the inflammation in the tumors, they should be operated on at once."

Treatment of Albuminuria.—Dr. W. R. Thomas, of Sheffield, gave to the British Medical Association his views on this subject in the following brief way:

Treatment of Acute Cases. If we keep in mind that the disease has been produced by excessive work, we shall naturally try to relieve the kidneys as much as possible. We should take care that the skin is kept warm and clean, that its action should be increased, if necessary, by warm vapor-baths. The bowels should be kept open daily. Only a sufficient quantity of liquid should be given, or the kidneys will have too much work to do.

Treatment of Chronic Cases. I believe that if we can ascertain what the cause of the disease is, we do much toward the cure. We should, I think, see that excess of food or drink is not taken, that the mind is not worried or overworked, that the skin and other organs are acting properly, that the kidneys are not compelled to do excessive work; that, if there be hereditary disposition to gout, excessive care be taken with regard to diet; that any organs which may be inefficient in their functions be assisted by remedies if possible; that above all, the skin be kept warm and clean by proper clothing and sponging; that the general health be improved by exercise, proper diet, regular hours, and remedies which may be called for by the state of the patient, such as iron, the several tonics, antacids, etc.

Dr. Myrtle (Harrowgate) said, in the treatment, he thought, in chronic cases the best course to adopt was to place the patient in the most favorable position as regards climatic surroundings, to choose an even, genial, and, if possible, a dry locality, where the skin and lungs might be allowed free play; and this, of itself, would prove the best remedy, the most certain means of retarding the progress of degeneration, if it could not effect a cure.

The Physician of the Future.—The Canada Lancet takes a horoscopic view and this is what it tells us it sees among the possibilities of the future:

First, there undoubtedly will be men who by their fame as diagnosticians will be resorted to on the first appearance of any malady. Finding his forte lies solely in diagnosis, and finding it impossible to be thoroughly *au fait* in other branches, *e. g.*, therapeutics, treatment, posology, etc., in the then enormously wide areas that these will cover (we speak, say of fifty years from now), the diagnostician will hand his patient over to the specialist for the lungs, liver, stomach, nervous system, and so on, just as now the ordinary practitioner hands him over to the oculist or aurist. These will in turn hand him over to the therapeutist with minute direction as to the effects he wishes to be produced upon the system and tissues. Still more in the future, probably, there will be classes of diagnosticians and therapeutists. This is no visionary theory; the germs of such a system exist all around us if we will but recognize them. The same process is obtaining in kindred sciences; for example, in biology there are

men who not only devote themselves entirely to one of the two great branches into which it is divided, morphological and functional biology, but go so far as to give themselves up to the study of one minute part of the many divisions into which each of these is broken up—as myological or osteological development, etc.

If, then, we are not altogether incorrect in our surmises, the lesson for the student is that if specialism is the tendency of the day, and the all-in-all of the near future, to specialism he must devote himself—with this caution, that no specialism is possible except that which is built upon the broad foundation of a thorough knowledge of anatomy, physiology, chemistry, etc.,

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Tell the Truth.—The Medical Times (London) gives the following wholesome advice: It is the first aim of every student to discover and to recognize the truth; but it is the high privilege of the physician and the surgeon to learn to apply it for the benefit of others—to abolish pain, to mitigate suffering, to sustain and to prolong life, to prevent and to destroy disease, to arrest the hand of death itself. And for this the great field of human nature must be subjected to the same keen and searching observation. The cultivation of tact, patience, gentleness, and sympathy must go hand in hand with that of truth and honor in the practice of professional no less than of private life. No more difficult problem, for instance, can well be set to any man than that which so often confronts the medical attendant—the question of deciding in what form and at what time the truth, of which he may be the sole human repository, the only possible exponent, shall be revealed. One of the most distinguished leaders of the profession sometimes tells the story of how, as a young man, he was called upon to make a diagnosis which, involving the imputation of an inherent mortality distasteful to family pride, was received with almost scornful derision. A few years later, when time had only too fatally corroborated his forecast, the physician was consulted by a relative of his former patient, and a similar expression of opinion was met with equal incredulity. Afterward, yet another member of the same family sought advice from the doctor whose diagnosis had been scouted years before. "You see, in spite of themselves, they could not help coming back to *the man who had told them the truth.*"

A Simple Disinfecting Lamp.—Dr. Richardson, of the Asclepiad, proposes the following ready means of employing sulphurous acid gas for disinfection. It consists in the production of the gas by the process of burning bisulphide of carbon in a lamp, after the manner of a good-sized oil or spirit lamp.

Take an earthenware or metal lamp, fit it up with the cotton wick in the usual way, and then charge it with a mixture of equal parts of common benzoline and of carbon bisulphide. The lamp so formed is lighted in the usual way, and gives off when burning free quantities of sulphurous acid. The lamp can be moved about from one part of a room to another, into cupboards and closets, and into wardrobes and drawers and boxes, with so much facility that it becomes a most useful means for disinfection.

The lamp can be further employed with advantage for the disinfection of clothes and for bedding, by placing the clothes very loosely on the iron bars of a bedstead, and by setting a few of the lighted lamps on the floor beneath the bedstead, a foot or two away from the clothes themselves. In a little time the whole of the clothes are saturated with the sulphurous acid vapor, if the room containing the clothes be closed.

The object of adding the benzoline is to give steadiness to the liquid during the process of burning. A common benzoline lamp is quite sufficient for the purpose, and if the flame from it throws off also some free carbon, as smoke, it does good rather than harm, except in respect to dust, which is easily brushed away.

Causes of Dipsomania.—Dr. Clouston, in a recent lecture, thus very clearly outlines the causes of this affection:

Certain causes predispose to this kind of uncontrollable craving. These are: 1. Heredity to drunkenness, to insanity, or to nervous diseases; 2. Excessive use of alcohol, particularly in childhood and youth; 3. A highly nervous diathesis and disposition, combined with weak nutritive energy; 4. Slight mental weakness congenitally, not amounting to congenital imbecility, and affecting the volitional and resistive faculties; 5. Injuries to the head, gross diseases of the brain, and sunstroke; 6. Great bodily weakness and bloodlessness, particularly during convalescence from exhausting diseases; 7. The nervous disturbances incidental to the female sex, and to motherhood, and the climatic period; 8. Particularly exciting or exhausting employments, bad hygienic conditions, bad air, working in unventilated shops, mines, etc.; 9. The want of those normal and physiological brain stimuli that are demanded by almost all brains, such as amusements, social intercourse, and family life; 10. A want of educational development of the faculty and power of self control, in childhood and youth; 11. The occasion of the recurrences in alternating insanity or the beginning of ordinary insanity, being coincident in a few of these cases, with the periods of depressions, but mostly with the periods of exaltation; 12. The brain weakness resulting from senile degeneration. More than one of these causes may and often do exist in the same case.

Parenchymatous Injections of Turpentine in Malignant Growths.—From a series of injections of turpentine into the interior of malignant growths in order to influence their development, Dr. Vogt reports (communication from the Chirurgical Clinic

in Greifswald, Centralblatt für Chirurgie-Medical Times), as follows :

The first case was a return after extirpation of a carcinomatous breast, which showed itself as a rapidly-growing tumor pressing forward from the anterior mediastinum. One-half of a Pravaz syringeful of a solution of equal parts of alcohol and oil of turpentine was injected. In a few hours there was a severe pain, fever, and erysipelatous redness of the breast. After forty-eight hours the temperature declined, but the general malaise lasted several days longer ; the tumor had become visibly contracted.

In ten days a second injection was made, with the same effect as at first, but afterwards an abscess formed. Two more injections were made during the next few weeks. In the course of two months a gradual shrinkage of the tumor took place, which then remained as a decidedly hard tumor without any abnormal heat. The patient was then discharged.

The second case was one of multiple sarcoma, which was treated in the same way, with the same results, including the abscess. In the course of five weeks, after repeated injections, the tumor had almost disappeared.

THE MIDWIFERY FEE.—A correspondent of the British Medical Journal makes a plea for the abolition of the midwifery fee, arguing that such special fee is contrary to the genius of the profession, which requires that the practitioner should charge for his actual services and should not be restricted to an arbitrary fee in any given case. The physician, for instance, arrives in one case at the bedside, after delivery and confines his efforts to the removal of the placenta. In another case he is detained for many hours, during which his efforts are unremitting and his anxiety great. The fee in both cases is the same. This is manifestly an injustice—in the first case to the patient and in the second to the accoucheur. A better plan would be to charge for actual visits made and for actual time spent.

The danger of incidental harm to the community, or to certain classes of people, from the increased use of machinery, the extension of public works, etc , is greatly diminished when those who make the laws, and especially those whose duty it is to interpret them, recognize that law is a progressive science; that it is a means, not an end ; that when a state of things arises for which there is no precedent, a new precedent must be made. How the most enlightened jurists hold this principle constantly in view, and how the common as well as the statute law is thus made to keep pace with the general advance of civilization, is admirably set fourth in the leading article in the North American Review for December: "Labor and Capital before the law," by Judge T. M. Cooley, of Michigan. To the same number, William K. Ackerman contributes some suggestive "Notes on Railway Management," Dr. Schliemann tells what he found in his excavations of the ruins of Tiryns, in Southern Greece, and Principal Shairp supplements his scholarly article on "Friendship in Ancient Poetry" with one on "Friendship in English Poetry." The other articles in the number are, "The British House of Lords," by George Tichnor Curtis, and "Responsibility for State Roguery," by John F. Hume.

Dr. Schweninger, to whom Bismarck has taken so kindly because of services rendered him, is proving a very thorn in the side of the medical profession of Germany. It will be remembered that Schweninger, although an educated physician, and at one time a privat-docent in the University of Munich, has been guilty of conduct which placed him without the pale of professional recognition, even before Bismarck took him up. The Chancellor's gratitude seeks to show itself in professional honors on his physician, and Schweninger has been appointed Professor of Dermatology in the University of Berlin. The faculty on whom the distasteful body-physician has been foisted are much disturbed, and they threaten to resign in a body unless the appointment is withdrawn. They may possibly find that Bismarck is Bismarck in this matter as he is in all others, and that if they resign they may stay resigned.

Dr. Schweninger, Bismarck's body physician, sent his card to Du Bois Reymond. Reymond was "not at home" and sent the reducer-of-Bismarck's-obesity's cards back. Bismarck's reducer thereupon waxes wroth and desires an opportunity to reduce Reymond to a cadaver. He accordingly asks Reymond to meet him with pistols and coffee for two. Reymond is not a fighter and could not, therefore, accommodate the irate Schweninger, who is, doubtless, just as well pleased, especially since he got all the notoriety out of the quarrel. The idea of pistols any way, as weapons for medical men! If Schweninger had challenged Reymond to fight with scalpels, or hypodermic syringes, or croton oil or something of a professional nature, there might have been some sense in it.

The physician who, out of feelings of sympathy for the widow, delayed sending in his bill for services rendered her dear departed, for a year after the decease, was somewhat nonplused on receiving the information from the relict that she didn't propose to pay the doctor's bill until she had paid off her honest debts. The moral of this is clear: Strike the widow for your bill before her heart has recovered from the mollifying influence of matrimony, and before the days draw nigh when she keepeth one eye open for No. 2.

A singular case of fracture of the penis is reported in the New Orleans Medical and Surgical Journal, by Dr. H. A. Veazie. It occurred during the act of coition, through coming in violent contact with the os pubis. An examination showed it to be completely broken, except the cutaneous covering. The organ was dressed to keep the fractured ends in apposition, and recovery took place in due time. The

distal end of it did not, however, participate in the erection until six months after the accident. This is the third case of this nature on record.

Judge Tourgee, whose recent saying that it requires genius to be a failure as a medical practitioner, has been freely quoted for the encouragement of those who are well-nigh constrained to believe that they possess the necessary genius, is reported to have sunk a fortune in his journalistic enterprise, without immediate prospects of realizing any returns from the investment. Are we to infer that medicine differs from journalism, in that failure in the latter is possible without genius?

Dr. Herring, a prominent English homœopath, has announced that a half drachm of the flowers of sulphur worn in each stocking is a sure preventive of cholera. Inasmuch as a large section of the family of fools still lives there are, doubtless, many who will put their trust in this in the event of a cholera epidemic in England. Possibly, too, some members of the family may have immigrated to America.

"Truth" gives as an illustration of the depths of meanness, the case of a clergyman's wife who, because of her husband's holy vocation, was treated gratuitously by a medical man, who dispensed his own medicine. On her recovery she gathered up the doctor's own bottles and sent them down to his office to be sold.

The Science and Art of Surgery.—A Treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, F. R S., LL. D., F. R. C. S. Surgeon Extraordinary to Her Majesty, the Queen, Ex-President of the Royal College of Surgery, of England, and of the Royal Medical and Chirurgical Society; Emeritus Professor of Surgery and Clinical Surgery in University College, etc. Eighth Edition, Revised and Enlarged by Marcus Beck, M. S and M. B., London, F. R. C. S., Surgeon to University College and Hospital, and Professor of Clinical Surgery, in the University College, London. With nine hundred and eighty-four engravings on Wood. Volume I.

Philadelphia: Henry C. Lea's Son & Co.
Detroit: Phillips & Hunt.

This classic work has been so long (thirty years) in the hands of the profession, that a very considerable portion of the practitioners now in the harness are familiar with it as they are with no other treatise on surgery. So excellent a guide have many, moreover, found it, and so thoroughly have they found its teachings to accord with their matured experience, that they are loth to admit that it has a rival. The advances of the science and art of surgery, however, soon leave the book most advanced at the date of its publication, in the rear, and in successive editions, revisions and additions are called for. In the edition of Erichsen before us, the revision necessary to bring the book abreast of the times has been entrusted to one who has given ample evidence of his fitness for the task.

Volume I is divided into three main divisions, the first of which is devoted to First Principles, the second to Surgical Injuries Affecting the Tissues Generally, and the third to Surgical Diseases. The author's object "has been to place before the student and the practitioner the science and art of surgery, in the observation of such injuries, diseases and malformations as are met with in surgical practice, or in the dexterous application of manual or operative means for their relief; but as demanding an exercise of general medical knowledge, and a thorough acquaintance with the conditions, whether intrinsic to the patient, or surrounding him, that favor or prevent his restoration to health." No one can read the first division of the volume without having his conception of the functions of the surgeon brought in harmony with the requirements of his calling, and without feeling better qualified through this for his discharge thereof. It is calculated to broaden the mind of the reader, and to make him something more than the mechanician—a conception of the surgeon's art which is too prevalent. If all those who practice surgery were to give a book like this a careful reading at least once a year, the benefit to themselves and to their patients would be very appreciable. It is, moreover, a book of the kind which no one who practices surgery can afford not to regularly study.

Atlas of Female Pelvic Anatomy. By D. Berry Hart, M. D., F. R. C. P. E. Lecturer of Midwifery, School of Medicine, Edinburgh. Author of Manual of Gynæcology (with Dr. Barbour); Structural Anatomy of Female Pelvic Floor, etc.

New York: D. Appleton & Co.
Sold by subscription only.
Agent for Michigan, Ohio and Indiana: Wm. A. Jansen.

This is a large quarto volume, containing thirty-seven plates with 150 figures, with descriptive text. The work is divided into six sections:

Descriptive (plates I–XVII), Dissectional (plates XVII–XX), Sectional and Topographical (plates XXI–XXVIII), Structural and Genu-Pectoral Anatomy (plates XXIX–XXX), Cervical Canal in Pregnancy and Parturition (plates XXXI–XXXV), and Microscopical Anatomy (plates XXXVI–XXXVII). An appendix is devoted to some points in the physics of the bladder and rectum, and to the etiology of flexions.

The author's object has been to give a faithful account of the female pelvic organs. Many of the drawings are original. The specimens of which they are representatives were first photographed, the photographs traced, impressed on stone, and the plates then drawn from the photograph and specimen. A method better calculated to secure correctness could not be devised, and certainly the most correct anatomist will fail to discover any errors in the plates thus made. The plates which are not original are reproduced from well-known monographs.

A detailed description of a work of this nature would be clearly impracticable within the limits of our space, and we are obliged to content ourselves with an expression of our opinion of the atlas as a whole. The plates are true to nature, and are specimens of the highest art. It is no extravagant praise

to say of them that a more correct knowledge of the topography and minute structure of the pelvis, its viscera, nerves and blood-vessels, can be received from a study of them than from all the dissections which the student, even in the most advanced medical school, is required to make. We have, moreover, never seen an atlas which is as well calculated as this for the purpose for which it is intended. The descriptive text constitutes a full treatise on the anatomy of the parts described. The mechanical execution of the work, its letter-press, paper and binding, are in keeping with its high order of scientific merit.

We understand that the Messrs. Appleton have secured the Edinburgh plates for but 300 copies of the book. This is unfortunate, for, doubtless, the demand will be far in excess of this number.

Diseases of the Nose.—By Clinton Wagner, M. D., Professor of Diseases of the Nose and Throat, in the New York Post-Graduate Medical School; Senior Surgeon, Metropolitan Throat Hospital; Fellow of the American Laryngological Association, etc. With illustrations of Instruments and Pathological Conditions. Price, $2.50.

New York: Bermingham & Company, 28 Union Square.

The author tells us he has devoted fourteen years of the twenty-five during which he has been a practitioner, to the study of diseases of the nose and throat. His opportunities in private and public practice have been unusually ample, and he has utilized them for gathering and utilizing the material which forms the basis for the book before us. This specialty, of diseases of the throat, is such a comparatively new one, that the author may be almost said to have been one of the pioneers in this field. One gets the impression from reading his book, that he writes from the fullness of his experience, and that he is not merely reproducing, in somewhat different language, what some one else has written. Besides giving the anatomy of the nose and nasal fossæ and the physiology of the nose, a description of nasal instruments and full instruction in rhinoscopy are given, before the various diseases are taken up. In an appendix a number of interesting cases are reproduced, in epitome, from the current literature. As a practical little hand-book, and compreprehensive withal, on the subject of diseases of the nose, it commends itself to the general practitioner whose time forbids a study of the more extensive works.

Medical Rhymes.—A Collection of Rhymes of ye Anciente Times, and Rhymes of the Modern Day; Rhymes Grave and Rhymes Mirthful; Rhymes Anatomical, Therapeutical and Surgical; all sorts of Rhymes to interest, amuse and edify all sorts of followers of Æsculapius. Selected and compiled from a variety of sources, by Hugo Erichsen, M. D., Detroit, Mich., Professor of Neurology, in the Quincy School of Medicine, etc., etc., with an introduction, by Professor Willis P. King, M. D., Sedalia, Mo., Ex-President of Missouri State Medical Society, etc. Illustrated.

Published by J. H. Chambers & Co., St. Louis, Mo., Chicago, Ill., and Atlanta, Ga.

The title page of this volume of 220 pages, which we have reproduced, contains a very full description of its nature. Its perusal will create a surprise in the minds of the medical readers, that so much poetic fire ever existed in the ranks of such a prosaic profession. It is the general belief that outside of Dr. Oliver Wendell Holmes, there are no medical poets. Dr. Erichsen's industry has, however, unearthed great numbers of them, who, doubtless, will rejoice in this effort to raise them from oblivion. In the variety of the selections will be found some to suit all shades of mind—to comfort in sorrow, to cheer under depression, and to curb when passion would prompt excess. The book is thus well calculated for a place on the table of the doctor. The selections are chaste, and containing none of the jokes strictly known as "medical," they are not objectionable to promiscuous readers. The introduction is a unique affair and very readable.

The Student's Manual of Histology, for the Use of Students, Practitioners and Microscopists. Third Edition, greatly enlarged, and newly illustrated. By Charles H. Stowell, M. D., F. R. M. S., Professor of Histology and Microscopy, and in charge of the Histological Laboratory of the University of Michigan. Illustrated by 178 engravings.

Ann Arbor, Mich.: Charles H. Stowell, Publisher.

Our readers may recall our notice of the first edition of this work. Since then two more editions of it have been called for, thus justifying our favorable opinion of it. In the second edition there were few changes from the first. In the present edition, however, all the advances have been incorporated which have been made in this division of science since the appearance of the first edition. The work, is, therefore, now brought fully abreast of the times, and is in this respect an improvement on previous editions. We predict for it a ready demand among medical students, whose wants Dr. Stowell has been in a peculiarly favorable position to study, and studying which, he has striven to supply.

A Remarkable Case of Intra-Uterine Marking.

BY C. H. LINCOLN, M. D., ARMADA, MICH.

On November 9th, 1884, I was called to attend Mrs. M——, in her third confinement, and delivered her of a female child of fair proportions. But on examination, it was found to present a strange, unsightly appearance.

The entire cutaneous surface looked as if it had been scalded, and then baked to a crisp. It was smooth and glistening, except at the flexions, where it was slightly abraded. To the touch it was hard and unyielding, closely resembling cicatricial tissue. This was thickest on the face, hands, and feet. There was an abundant growth of hair on the head, but the eye-lashes were entirely wanting, simulating a case of lippitudo. The motion of the eyes was unimpaired. The ears and nostrils were completely filled with plugs of scar-tissue. The upper lip was retracted to the alæ of the nose, which pre-

cluded all possibility of nursing, but nourishment could be taken from a bottle.

On further examination, I found the mucous membrane of the buccal cavity and tongue was in the same condition as the external skin. The respiratory and circulatory processes being well established, I ordered the nurse to bathe the child freely in pure vaseline.

Inquiry revealed the fact that the parents had previously resided in Bay City, Mich., in close proximity to a saw-mill, in which the father was employed. In the early months of pregnancy, a boiler-explosion occurred at the mill, by which six or seven men were scalded to death. Mrs. M——, was frightened, and greatly shocked by a rumor that her husband was killed. Her mental impressions were further disturbed by callers narrating, in her presence, the shocking details of the accident, and the sickening sight which the victims presented,—never suspecting the terrible effect which their incautious words were to have on an innocent, unborn child. Immediate danger having been averted, the mother progressed to full term with no untoward symptoms, and was delivered as previously related.

At my visit on the next day—Novenber 10th—I was not a little surprised to find that the child was still living, could cry almost as vigorously as any new-born babe, and the emunctories were all normally established. I called again November 16th, and found it still alive. The external appearance was much improved. The scar-tissue had sloughed off from around the mouth and eyes, and up to the middle of the forehead. Eye-lashes appeared on the denuded eye-lids, the plugs had come out from the nostrils, and complete casts of the ears were subsequently sloughed. Coupled with these favorable symptoms, there were others which were decidedly unfavorable. The child was now breathing with difficulty, had lost the power to cry, and moaned piteously as if in great pain. The coating had peeled off from the anterior two-thirds of the tongue, and sides and roof of the mouth; but the base of the tongue and pillars of the fauces were still covered with a white, tough substance, resembling diphtheritic membrane, which adhered tenaciously. It was evident that the burned condition had extended to all the internal mucous membranes, which were now sloughing off, and nature was unable to remove the debris.

Being powerless to render any assistance, no more visits were made. The unfavorable symptoms gradually increased until death, like a kind messenger, came to the relief of the little sufferer, on November 21st, after twelve days of painful existance. That it could have lived so long, was a marvel to all who saw it when it was born.

The case is instructive to physicians, as illustrative of the powerful influence of the mental state of the mother upon the fœtus; and to the laity, for the imperative necessity it teaches of surrounding pregnant women—as did the ancient Greeks—with beautiful objects, and carefully shielding them from every disturbing circumstance.

Modern Methods of Treating Pulmonary Tuberculosis.*

BY BEVERLEY ROBINSON, NEW YORK CITY.

First, however, allow me to direct your attention for a few moments to the poor fellow who sits here. This man came to see me the other day, complaining chiefly of dysphagia and pain in his throat. The difficulty of deglutition does not exist to any very marked degree for liquids, but for solids it is extreme. Indeed, for more than six months he has swallowed little or no solid food, so that at present his appearance is that of excessive emaciation and weakness. His dysphagia is due, first, to the fact that the alimentary bolus in passing the larynx appears to go the wrong way, and the effort to swallow is followed immediately by a severe paroxysm of cough, and by rejection of food by mouth and nose. Occasionally, when food has evidently entered the larynx, he has nearly suffocated before he could free his respiratory tract from obstruction. But this is not all. The mere passage of solid food causes intense local pain, which he very much dreads, and from which he recovers slowly, and after a severe shock to his system. Upon examination of this patient's throat, I find that he has advanced ulcerative phthisical laryngitis. The epiglottis is half eaten away, and, but for the fact that he denies syphilitic disease, shows no signs of its existence, and has evident pulmonary phthisis at its second stage in the region of the left apex, I should almost be persuaded that he had tertiary syphilis of the larynx. Further, I would add that my patient says the pain in his larynx at night is so intense that it prevents him from sleeping. Can we help him, and in what way? As a matter of fact, I find, gentlemen, he is greatly relieved from local pain by means of insufflations of a powder into his larynx of one part of tannin and two parts of iodoform; but I doubt very much whether these insufflations will do more than alleviate his sufferings for a time, unless we assist him to eat more nutritious food and in larger quantities. Here, if ever, there is a case for super-alimentation, and with the aid of the soft-rubber œsophageal tube (gavage). He should begin with a pint of milk, three raw eggs, and Reed & Carnrick's beef peptonoids, in ounce doses, poured into his stomach twice or three times a day. So soon as his stomach will bear more at any one feeding, it should be given more. Of course, the employment of super-alimentation does not interdict the use of the powder locally, nor does it absolve us from the duty, so soon as we can, of employing all other means, medicinal and hygienic, to cure our patient if possible. But bear in mind one very important fact, gentlemen, and over and beyond all theories in regard to the parasitic cause of tubercular disease of the lungs or larnyx, that in most of these cases we have abundant proof of malnutrition and wasting. Do whatever else you

*Abstract of Clinical Lecture delivered at Bellevue Hospital Medical College, Oct. 25, 1884, and published in the Philadelphia Medical Times.

choose and can, but first give your patients sufficient food to more than neutralize all waste or inanition. Some of these patients eat fairly well, have a tolerable appetite, but do not take *enough*. Give them more abundantly. Sometimes they can be persuaded to take large quantities of food for a while—more than their appetite demands—but soon food taken in this way disgusts even the best disposed and most yielding patient, and he finally declines to submit further. Then is the time to advocate strongly the use of the œsophageal tube for purposes of alimentation. Explain to him that lack of appetite, or repugnance to food when swallowed voluntarily, is no proof that large quantities, if introduced mechanically, cannot be thoroughly digested and assimilated. Numerous facts prove the contrary. You have only to read the remarkable histories first recorded by Debove and Dujardin-Beaumetz, and since verified, corroborated, and amplified by Dr. Millard, of this city, to be assured that super-alimentation is possible in patients who have at first the most pronounced aversion for food.

Further, what results can we obtain if we persist in thus feeding phthisical patients? The most remarkable and satisfactory. Many cases, of undoubted authenticity, have been published already, in which advanced cases of pulmonary phthisis have been permanently cured, thanks to super-alimentation, in this manner, continued without interruption during a series of months. Physical evidences, even of softening at the apices, have disappeared entirely, and all rational symptoms, such as hectic, night-sweats, elevated temperature, cough, dyspnœa, profuse expectoration, repeated hæmoptyses, have been completely suppressed for a period of time sufficient to guarantee complete recovery.

In addition to super-alimentation, I would urge the utility of continuous inhalation of dry vapors of certain volatile substances, such as creosote, carbolic acid, turpentine, iodine, eucalyptus, and benzoin. Since Curschmann, Roberts, Yeo, Pepper, and others, have spoken favorably of these inhalations, I have made quite extensive use of them in both hospital and private practice. Judging by my own experience, I cannot believe that these inhalations are able by themselves to effect very considerable reparative changes in larynges or lungs already far advanced in phthisical lesions. I am quite confident, however, that they often lessen very much the frequency and intensity of cough, deodorize and diminish somewhat the quantity of sputa, and give considerable relief at times to painful sensations, both in the throat and chest of such patients. I have shown you at a previous lecture the forms of inhalers I employ. The first kind is made of two perforated metal plates held together by a spring-catch, and between the plates a layer of oakum or absorbent cotton is placed, upon which a sufficient quantity of the volatile liquid is poured. They are held in place over the mouth by means of two elastic loops, which are passed around the ears. This form of inhaler is sold in this city by Mr. Ford, and was first introduced to the profession, I believe, by Dr. F. P. Kinnicutt. The other form, which I consider preferable, although much cheaper, was imported by me for use in the out-patient department of the New York Hospital. It is composed of a single piece of perforated light metal somewhat pyramidal in shape, and having attached at the apex of the pyramid a small piece of sponge, which, after moistening with water, should contain the volatile liquid. These inhalers can be worn during several hours each day without occasioning much annoyance, and with very decided relief to many distressing symptoms. They are unquestionably far superior to all other kinds of inhalers hitherto brought into use. They never give fresh attacks of cold, as I have frequently found with the warm-vapor inhalations was the case. They are very portable, readily put on and taken off, and their cost is moderate. The undiluted dry vapors, when inspired, probably reach as far down the respiratory tract as any atomized fluid from the numerous spray producers in the market, and appear to me in every way preferable to them.

This other patient whom you see is affected with pulmonary phthisis, which has reached the stage of softening at the left apex. He has no laryngeal complication, and yet he has most distressing and obstinate cough. To combat this symptom all ordinary means have been exhausted, and without giving even temporary relief. One week ago I injected ten minims of dilute Lugol's solution into the second left intercostal space, in a vertical line with the left nipple, and to the depth of one and one-half inches. The effect of this injection was to lessen his cough very much, and to make, as he states, his breathing somewhat easier. To-day I shall repeat this injection over the same region, and you will note the immediate result. It causes, as you perceive, but little pain, and, although the man coughs a few times immediately after the injection, and expectorates some thick, yellow phleghm, the sputa are not even tinged with blood. This is not always true, for in a few instances, after making similar injections, there has been slight hæmoptysis. I have thus far made about seventeen or eighteen of these intra-pulmonary injections, and with satisfactory results, so far as the cough and dyspnœa are concerned. The patients, in two or three instances, have affirmed that the quantity of sputa had also lessened. As yet, I have not followed up any one case long enough to know what definite results I shall obtain with respect to the pulmonary lesion itself.

In this country we owe this method to the personal initiative of the distinguished professor of practice at the University of Pennsylvania, Dr. William Pepper. In all, Dr. Pepper has performed more than two hundred intra-pulmonary injections, and has never had, so far as I know, one disastrous result. In fact, only on one occasion did he have a hemorrhage following the injection which appeared grave at the time. Even this hemorrhage seemed to be due to the suction caused by a considerable

vacuum in the pump of Dieulafoy's aspirator. Dr. Pepper has given the first intercostal spaces as the proper places on the anterior chest-wall to make these injections. From my own investigations in the dead-house, I incline to the belief that the upper portion of the inner axillary region will be ultimately found to be the most direct way of reaching the cavities situated at the apices. To be frank, however, I should state that on two occasions, when I made injections at this spot, I had some bloody sputa follow the little operation.

What may we hope from intra-pulmonary injections? In my belief, they will disinfect the contents of lung-cavities; they will modify and diminish the secretions from the walls of these cavities; they will tend to effect cicatrization and contraction of these spaces, usually filled with a material which is a constant source of peril to the patient. I have not been convinced of the advantage to the patient, when bearer of a phthisical cavity, of a free opening through the chest wall and complete drainage of it. But this is a very different matter from the operation you have just seen, which may be repeated again and again without risk or shock to the patient, and which promises well to the sufferer, if he has the faith to hold out until the good results are noted.

I have endeavored in this lecture, gentlemen, to give you a slight *aperçu* of what I consider real advances in the treatment of pulmonary phthisis. We all know what treatment by the old methods means for the vast number of unfortunate beings who crowd our city dispensaries. With the three methods advocated by me before you this day,—viz., super-alimentation, continuous dry inhalation, intra-pulmonary injections,—many patients will yet be saved who, with cod-liver oil and the hypophosphites alone, or added to the other resources usually employed, would most certainly die. Nothing prevents us from using all previous means to help our phthisical sufferers, but I would also make a very urgent plea for the plan you have seen me practice before you.

Detroit Medical and Library Association.

Regular Meeting, October 20th, 1884.

The president, Dr. Inglis, in the chair. Twenty-five members were present.

Invitations having been sent to prominent physicians in neighboring towns, regrets from some of them were read.

Dr. Campbell exhibited a tumor which had involved the liver, kidneys and intestines of a child. The Dr. detailed the points of the case, and described the tumor as a "sanguineous sarcoma."

Drs. Brown and Duffield were appointed a committee to examine the specimen, and report at the next meeting.

Dr. Lundy exhibited a baby born without eyes. The orbits, lids and conjunctivæ were present, but the eyeballs were missing. When the child cried tears were plentiful, showing the existence of lachrymal glands. Under each lower lid was a sac about the size of a small chestnut, and of a purplish color and very soft.

The subject of discussion for the evening was then taken up, the subject being: "Is cancer of local origin?"

Dr. McGraw said that the first thing was to determine just what a constitutional disease is. The old idea was that a disease was constitutional when it infected the blood, and, through that fluid, the general system. If by constitutional is meant the whole system, I know of no disease which could be considered such. Syphilis, which is one of the most wide-grasping diseases, does not infect *all* the tissues of the body. Constitutional disease, then, must be limited to such cases in which a certain tissue or set of tissues are involved, though the rest of the body remain comparatively healthy. Thus, a constitutional tendency is shown in the areolar tissue, where numerous fatty tumors exist. If a tumor be removed from one leg, and, as often occurs, appears on the other leg, it is not considered to come, necessarily, from infection of the first tumor, but from constitutional tendency.

Heredity points to the constitutional tendency in in a large proportion of cases. I remember seeing six in one family, all affected with malignant growths. Have seen cancers appear in one member of a family, whilst ovarian tumors would characterize another member, all of which tends to show the constitutional origin of such tumors. Malignant tumors may spring from the lymphatics, or skin near by. Remove the original seat of disease, and the chance of recovery without recurrence is rare, though I do not say such cases do not recover; but the percentage is small. The fact that local manifestation is often constitutional, passes without saying. Calcareous degeneration of the blood vessels and eczema, for instance, are local diseases with constitutional tendency. Later pathologists hold that the origin of carcinoma is to be found in the surplusage of epithelial-forming cells in the embryo, but even this could be regarded as constitutional.

Dr. Owen thought that carcinoma was of local origin, and gave several illustrations to support his views.

Dr. Carstens believed that carcinoma was largely due to predisposition, and arose in organs subject to injury, such injury stimulating the tendency. Inoculation has failed to produce cancer in the lower animals, for the animal was not suffering from the same constitutional disorder as was the man thus affected. There was nothing in the dog to predispose to the growth, so that the inoculation atrophied and was cast off.

Dr. Lundy cited sarcoma occurring in children, which, however thoroughly removed, returns, showing a constitutional tendency. Cases were cited where sarcoma of the eye, when removed, would return in the other eye, which fact must be due to other than local causes.

Dr. Casgrain thought carcinoma to be of local

origin, and produced by injury, mechanical or chemical.

Dr. Flintermann thought that the treatment of thorough removal showed that though the tumor was infectious to the system, it was, nevertheless, of local origin.

Dr. Wood thought that with a constitutional predisposition, there might be local irritation, for, how else can the epithelial structures appear where they do?

President Inglis thought that the trophic nerves had much to do with the origin of cancer, and when their actions in the matter are cleared up, the etiology of their malignant growths will be better understood.

Under miscellaneous business, Drs. Flinterman and Jamieson were appointed to serve on the nominating committee.

Adjourned.

Regular Meeting, Nov. 3d, 1884.

In the absence of the president, the vice-president, Dr. Longyear, occupied the chair.

Twenty members were present.

Dr. Jennings, chairman of the publication committee, reported that the constitution and by-laws had been printed, and a copy sent to each member of the Association.

Report was adopted and filed.

Dr. Babcock exhibited a young man who for months had been subjected to attacks of severe and protracted headache, which would not yield to treatment. The cause was supposed to be due to a partial sunstroke, and the nerve changes thus produced. The headaches show no periodicity. Appetite and sleep good. The pain is generally over the head, and is not localized.

Dr. Eugene Smith, after examining the man's eyes, said: The patient is hypermetropic and probably astigmatic, due to asthenopia and straining of the muscle of accomodation. If properly fitted with glasses, I think the headache would disappear. If the muscles of accommodation be paralyzed by the repeated addition of atropia solution to the eye, this paralysis will relieve the headache almost immediately. In ophthalmic practice this variety of headache occurs frequently, and is immediately and always relieved by the atropia sol. when due to astigmatism.

Dr. Carrier asked why it was that the headaches only began three months ago.

Dr. Smith answered that it was not till that time that the muscles began to show the fatigue incident on their over-exertion.

Dr. O. W. Owen examined the patient and said: To me it seems the man has symptoms of albuminuria. I should like to make an examination of his urine before committing myself. The patient acknowledged to me that he masturbated.

The doctor then described a test for albuminose, which appears, he says, 3 or 4 months before albuminuria.

Dr. Flintermann reported a case of severe and persistent headache, which yielded only, and then permanently, when quinia sulph. was given and persisted in for a time.

Dr. Babcock reported a case where strong coffee was the cause of persistent headache.

Dr. O. W. Owen then reported a case as follows: Girl, æt. 9, attacked with severe vomiting; skin having a dark reddish or purple hue; pain in the left side over spleen; tongue clean; bowels constipated; urine dark yellow, with puffiness under the eyelids. With the addition of HNO_3, bile appeared in large quantities in the urine.

Dr. E. Smith: What was the cause of the puffy eye-lids?

Dr. Owen: When bile or other effete material is present in the blood in large amounts, there is always congestion of the kidneys, which diminishes elimination, and thus causes puffiness.

Dr. Chase read a paper, discussing the results of the use of muriate of cocaine, as experienced by Dr. E. Smith and himself.

Dr. Carrier said that Dr. Hoke, of New York, had reported two cases of lacerated cervix, on which he had operated whilst the part was under the influence of this anæsthetic. The report could be found in the last number of the N. Y. Medical Record.

Dr. E. Smith made some remarks to show that the anæsthesia was complete after five or eight minutes, the spray being used instead of the drops. The spray is an excellent way to apply it, for it is satisfactory and economical—quite a factor, when one considers the high price of the drug. The anæsthesia lasts for twenty or thirty minutes. He had yet to experience either congestion or irritation incident to its use.

On motion of Dr. Owen, a vote of thanks was tendered Dr. Chase for his valuable paper.

Dr. Jennings reported a case of tubal pregnancy successfully treated with galvanism.

The names of Drs. Chittick, Boland and Finlayson were laid before the Association for election as members. Dr. E. Smith moved that the Secretary cast a ballot for the Society. Supported and carried. The candidates were then declared elected.

For new members Dr. Chase proposed Drs. L. J. McGee and N. Wiest, and Dr. Jamieson proposed Drs E. W. Jamieson and J. A. Kenning, which proposals were referred to the advisory council.

Adjourned.

Geo. Duffield, M. D., Secretary.

The Medical Age.

Vol. II. DETROIT, DEC. 26, 1884. No. 24.

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The Medical Age for 1885.—There is, probably, no stronger incentive to renewed effort on behalf of any cause or in any line of work, than a knowledge of the fact that one's labors are appreciated. Human nature is so constituted that the labor of love is more effectual than that of the mere hireling, and the proverb "a kiss is more powerful than a blow" finds illustrations in every department of human life and industry. From the cradle to the grave man is stimulated to his best efforts in every praiseworthy direction by the word of kindly encouragement, as he never is by carping, and he is better served who has an eye for the excellences of his servant, than he who is either ever on the alert to discover wherein he may find an excuse for grumbling, or regards the efforts of his servant with seeming indifference.

The above reflections have a peculiar point when directed to the medical journalist, and no one will ever estimate the actual loss which the profession sustains through its backwardness in rendering unto those who write for it, the sympathy, support, and words of cheer which they, in case of the great majority of the journals of the country, richly merit. In the case of ourselves, however, we have little cause for complaint. While the direct expressions of appreciation of our efforts have, perhaps, not been as numerous as one with the average percentage of vanity in his composition could have wished for, the evidences of appreciation as revealed in the subscription list are more gratifying than such an one could reasonably have looked for. Our publisher opened the year now closing with the printing of 4500 copies, expecting that the excess of copies thus printed would be sufficient to supply all demands for back numbers from new subscribers during the year. This number has for several months been exhausted, and subscriptions have thus been obliged to run from the date of their receipt.

The material success of the Age, thus indicated, has encouraged our publisher to another display of his characteristic enterprise, and commencing with the volume for 1885 the size of the journal will be increased fifty per cent., and it will appear in an entirely new dress of type. A new cover, of neat design, will also be given it. This increase in size and improvement in its mechanical part, will be made without additional expense to the subscriber. The Medical Age, always a marvel of cheapness, will, therefore, commence with the new year to furnish 576 royal octavo, double-column pages of reading matter, on paper of unobjectionable quality, for the sum of one dollar! In view of this unexampled liberality it is scarcely necessary to ask for our publisher a prompt payment of any arrearages on the part of any subscribers who may not have remitted, and an equally prompt renewal of their subscriptions by all.

Having said the above on the more strictly business features of the journal, what have we to offer touching such part of it as it is more particularly the editor's duty to see to? The Age will continue to devote itself to the task of keeping its readers posted in regard to the advances which are taking place in practical medicine and in regard to such matters as are not strictly of this nature, but which are still of peculiar interest to the medical practitioner, viz.: items of medical news, general happenings in the profession, etc. In addition to this, its increased size will permit of its becoming more of a medium of communication on matters of work-a-day interest

to the practitioner. It will aim to make of its readers one vast medical society, and while it will endeavor to curb "the man who talks," it will encourage the diffident to contribute from the store-houses of their experience. This feature we expect, with the coöperation of our readers, to make both interesting and profitable. The department of therapeutics is ever, from the very necessities of his calling, one in which the practitioner is peculiarly interested, and until this division of medicine attains to something like an exact science, he will demand of his medical journal that it keep him posted on everything new coming under this head. The AGE will exert itself to meet this requirement.

In regard to such other features as are not included in the above enumeration, we can only say that all will be framed and conducted in such a manner as a somewhat extended experience in this line of work, both in connection with this journal and its predecessors, and with another journal (The Therapeutic Gazette) which enjoys a very large circulation among practical, as distinguished from dilettante therapeutists, shall dictate. We do not think we are assuming anything when we claim to know to some extent what the physician to whom the practice of medicine is both a business and a profession, demands in his medical journal. With the peculiar facilities which we shall have at hand during the coming year, we hope to make of the MEDICAL AGE just such a journal. To do it, however, we shall require the assistance of those who will be most profited by it. This assistance we ask with no misgivings as to the response.

With the compliments of the season, we subscribe ourself our readers' obedient servant.

NINTH INTERNATIONAL MEDICAL CONGRESS.—The Committee on Organization of the Ninth International Medical Congress, to be held in the United States in 1887, met at Washington, D. C., on November 29, 1884, for the determination of the general plan of the Congress, the election of Officers of the Committee, who will be nominated to fill the same offices in the Congress, and the consideration of questions of finance.

The following rules were adopted:

1. The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the Register of the Congress, and shall have taken out their tickets of admission. As regards foreign members, the above conditions are the only ones which it seems, at present, expedient to impose.

The American members of the Congress shall be appointed by the American Medical Association, by regularly organized State and local medical societies, and also by such general organizations relating to special departments and purposes, as the American Academy of Medicine, the American Surgical Association, the American Gynæcological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological Societies, and the American Public Health Association; each of the foregoing Societies being entitled to appoint one delegate for every ten of their membership.

The members of all special and subordinate Committees, appointed by the General Committee, shall also be entitled to membership in the Congress, together with such other persons as may be specially designated by the Executive Committee.

All Societies entitled to representation are requested to elect their Delegates at their last regular meeting preceding the meeting of the Congress, and to furnish the Secretary-General with a certified list of the Delegates so appointed.

2. The work of the Congress is divided into eighteen Sections, as follows, viz:

1. Medical Education, Legislation and Registration, including methods of teaching; and buildings, apparatus, etc., connected therewith.
2. Anatomy.
3. Physiology.
4. Pathology.
5. Medicine.
6. Surgery.
7. Obstetrics.
8. Gynæcology.
9. Ophthalmology.
10. Otology.
11. Dermatology and Syphilis.
12. Nervous diseases and Psychiatry.
13. Laryngology.
14. Public and International Hygiene.
15. Collective Investigation, Nomenclature, and Vital Statistics.
16. Military and Naval Surgery and Medicine.
17. Experimental Therapeutics and Pharmacology.
18. Diseases of Children.

3. The General Meetings will be reserved for the transaction of the general business of the Congress and for addresses or communications of scientific interest more general than those given in the Sections.

4. Questions which have been agreed upon for discussion in the Sections shall be introduced by members previously nominated by the Officers of the Section. The members who open discussions shall present a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any one of the Sections, together with abstracts of the same, must be sent to the Secretary of the Section before April 30, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. Papers relating to questions not included in the list of subjects suggested by the officers of the various Sections will be received. Any member, after April 30, wishing to bring forward a subject not upon the programme, must give notice of his intention to the Secretary-General at least twenty-one days before the opening of the Congress. The Officers of each Section shall decide as to the acceptance of any communication offered to their Section, and shall fix the time of its presentation. No communication will be received which has been already published, or read before a Society.

6. All addresses and papers, read either at General

Meetings or in the Sections, are to be immediately handed to the Secretaries. The Executive Commitee, after the conclusion of the Congress, shall proceed with the publication of the Transactions, and shall have full power to decide which papers shall be published, and whether in whole or in part.

7. The official languages are English, French, and German.

No speaker shall be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The Rules, Programmes, and Abstracts of Papers will be published in English, French, and German.

Each paper or address will appear in the Transactions in the language in which it is delivered by the Author. The debates will be printed in English.

9. The Officers of the General Committee on Organization are a President, three (3) Vice-Presidents, a Secretary-General and a Treasurer, and those elected to these positions will be nominated by the General Committee to hold the same offices in the Congress. All vacancies in these offices shall be filled by election.

10. There shall be an Executive Committee, to be composed of the President, Secretary-General, and Treasurer of the General Committee, and of four other members, to be elected by the General Committee. The duties of the Executive Committee shall be to carry out the directions of the General Committee; to authorize such expenditures as may as may be necessary, and to act for the General Committee during the intervals of its sessions, reporting such action at the next meeting of the General Committee.

11. There shall be a Standing Committee on Finance, composed of five members, to be appointed by the President, subject to the approval of the Executive Committee,

Those who are elected as Chairmen of the several Sections shall be thereby constituted as members of the General Committee.

The Officers elected are as follows:

President.—Dr. Austin Flint, Sr., of New York.

Vice-Presidents.—Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

Secretary-General.—Dr. J. S. Billings, U. S. Army.

Treasurer.—Dr. J. M. Browne, U. S. Navy.

Members of the Executive Committee, (in addition to the President, Secretary-General, and Treasurer.)—Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

The Executive Committee will proceed at once to complete the work of organization.

J. S. Billings,

Secretary-General.

Washington, D. C., Dec. 1, 1884.

Actinomycosis in Chicago.—Actinomycosis, or "lumpy jaw," made its appearance in the cattle yards of Chicago about two years ago, its diagnosis having been placed beyond doubt by the aid of the lens under the eye of competent microscopists. Actinomycosis is a disease peculiar to cattle, its occurence in the human subject being one of the rarest happenings. But actinomycosis had occurred in the human subject abroad, and there was no valid reason why it should not occur in a human subject in Chicago. There was, indeed, greater reason why it should occur in the human subject in Chicago than in human subjects abroad, for is not Chicago a more enterprising city than any to be found in the effete monarchies? Accordingly the profession of Chicago peeled its eye for actinomycosis, and the microscopists of the saintly city were on the alert for the actinomycosis micrococcus. Now when a microscopist makes up his mind to discover a micrococcus, the micrococcus, like Davy Crocket's coon, might just as well give itself up, and sure enough the human actinomycosis micrococcus soon came along and laid itself on the slide of the Chicago microscopist. It was treed in the Cook County Hospital about four months ago, by Dr. J. B. Murphy, and Dr. Murphy accordingly became the cynosure of the public eyes, and the green-eyed monster in the profession viewed him from afar. After about three months had passed, it was thought about time that another actinomycosis micrococcus be discovered, for the stranger had been but a seven-days wonder, and was getting lonesome. Circumstances often make the man, but the great man makes the circumstances, and Dr. Murphy was equal to the occasion. A young man, an Irishman, named Carroll, had a lump on his jaw, and it was not strange that he should consult the man who had discovered the lumpy jaw. Dr. Murphy lanced his jaw, and placing the pus thus derived on the slide, brought to bear on it his microscope. The microscope showed it to contain actinomycosis micrococci, and the diagnosis was placed beyond the shades of doubt. Dr. Kerber, who had been familiar with lumpy jaw since its discovery by Prof. Bollinger, of the University of Munich, in 1877, corroborated Dr. Murphy's diagnosis, the evidences of actinomycosis being "unmistakable and indisputable."

The fact that the only two cases of this rare disease had occurred in the practice of the same physician and within the space of three months was held by some of his skeptical rivals to be singular, and when the young man Carroll consulted Dr. G. Frank Lydston, that gentleman was cruel enough to discover that the "lumpy jaw" had been preceded by tooth ache. A closer examination satisfied him that the lump was an alveolar abscess due to a carious tooth. Under his advice the tooth was removed by a dentist, and, strange to relate, the actinomycosis straightway disappeared. Inasmuch as Drs. Murphy and Kerber made a complete and careful diagnosis of the first case, and of the second also, and found them to be both alike, there are those who think

the first case of actinomycosis may have been one of alveolar abscess also. But how about the actinomycosis micrococci which they saw ? As we took occasion to intimate above, when a microscopist makes up his mind to discover a micrococcus, the micrococcus is pretty sure to appear. Do we mean to say that microscopists are dishonest and deliberately deceive the profession ? Perish the thought ! By no means do we say or imply any thing of the kind ; but microscopists are men, and men are human, and human nature is singular. Microscopists are not the only human beings whose sight is affected by the refracting medium of the imagination, and the lens has not yet been discovered which will correct this error.

Chinese Medicine.—A writer in the Buffalo Medical and Surgical Journal, having been much interested in the collection of Chinese medicines at the Smithsonian Institute, supplemented the insight into the medicine of the celestials thus derived, by information from a person who had spent several years in China.

The medical notions of the Chinese, we are told, have many points of resemblance with those of Europe in the middle ages, being a mixture of truths derived from experience with many absurd speculations and superstitions. Like our modern refined disciples of Hahnemann, the Chinese physician believes in the specific action of drugs, and employs remedies which rival, in nastiness, the homœopathic tinctures of bed-bugs, pediculus capitis, and psorinum syphiliticum. The Pen-tsan-kong-mu, which corresponds, in a measure, to our National Dispensatory, was published in the sixteenth century, and is still the standard authority. It contains a list of about 1,900 crude drugs. These drugs are seldom given singly, but are combined in complicated formulæ which surpass in length those of the celebrated Dr. Brown-Sequard. The Chinese Dispensatory contains over 12,000 of these formulæ, so that there is, at least, an ample field for selection.

Only the rudest chemical knowledge is apparent. Inorganic substances, when used, are in their native mineral state, and the general form for administering all drugs is in powder or decoction. In the selection of remedies, there are many illustrations of the medieval doctrine of signatures, that nature has indicated by certain peculiarities of form, color, or otherwise, the proper use of a drug. Ginseng root is most highly prized, as it presents a rude resemblance to the human form. Marvelous invigorating properties are attributed to it. It is given to the sick as a restorative, to the well as a preventive; in fact, it is the Chinese quinine. As further illustrations of this law of signatures, we may mention the use of red coral to arrest hæmorrhage, hedgehog skin for cutaneous diseases, and tiger's blood as a remedy for timidity and debility. The consumption of drugs is enormous; many medicines are habitually taken by those in perfect health, in the belief that they prolong life and prevent disease.

Some of their remedies are really efficacious. Aconite is used to reduce fever, but only after some method of preparation has been employed to remove its poisonous properties. Ginger is used as a stomachic tonic and for headaches. Musk and camphor are favorite remedies; these are given combined, in the form of a bolus about half an inch in diameter, and are excellent nervous stimulants for those who have gullets sufficiently large to swallow them. Japonica root, resembling in its action squill, is used as a diuretic and expectorant. Fowls' gizzards are given for dyspepsia, it is said, with excellent results, while red rose leaves are regarded as a specific for asthma.

The tonics used by the Chinese will interest us only on account of their absurdity. Among them may be mentioned the gall-stones found in the gall-bladders of cattle; a variety of glues made out of asses' hide, cow-hide, and deer-horns; tigers' blood and bones, dried toads, and dried human placenta. Among other curious remedies may be mentioned, caterpillars for bronchitis; snake-skin, dried and powdered, for cutaneous diseases, especially leprosy; cuttle-fish for cancer; oyster-shell for deafness, and maggots for the delirium of fever.

Prophylaxis of Suits for Malpractice.—Dr. T. B. Nichols, Plattsburgh, N. Y., writes further on this subject : The statement that appears in your issue of Nov. 25th that " The bulwark of private rights makes no distinction between the physician and other members of society, etc.," calls to mind the remark of an honorable judge in one of our adjoining counties, to a Universalist preacher who was endeavoring to show that there was no future punishment laid up for any to be served upon them after departing this life. To him the judge said : " So *you* don't believe at all in future punishment ? and yet we lawyers know that if there is really none there certainly ought to be." Now the fact of the matter is that suits for malpractice are often brought against the physician without any proper cause, there being on his part no sin of either omission or commission. Witness the case of Prof. Dixie Crosby, of Dartmouth College, N. H. whose later years were rendered more than miserable by a malicious suit for malpractice, where he was called merely as a consultant. The case was pushed so hard and so persistently against the venerable doctor, that the expenses of the suit brought him to the verge of financial ruin. In process of time the quandam patient died, and then Dr. Crosby obtained possession of the injured leg, which had been the subject in dispute, and with it he was able to demonstrate to all who cared to see it that his diagnosis and prognosis in the case were absolutely correct ; and yet, although this must have been a great satisfaction to the doctor, it in no way replenished his empty purse, nor placed him again on his feet as he had formerly been. He had thus been injured beyond reparation on a mere presumption, while, if

there had been a state law obliging the complainant, before commencing suit, to give bonds in surety for all damage that the defendant might sustain in consequence thereof, in case he failed to substantiate his claim, it is most likely the suit would never have been brought, or, at least, would not have been pushed to such an extent. Now, while there is no class of men, the sum of whose benefactions to the poor and needy are equal to those bestowed upon them freely by members of the medical profession, there is no one class that is equally liable or as susceptible as ours to serious and irreparable injury, as the law now stands, in consequence of ill-founded and malicious suits for malpractice brought by irresponsible parties. How can the innocent escape this unfortunate dilemma ?

The Treatment of Ringworm.—Alder Smith. F. R. C. S., London, writes, in the British Medical Journal, on this subject as follows:

I have been trying for some time to find out what vehicle penetrates most deeply into the hair-follicles, and think it is chloroform. Chrysophanic acid is a very good parasiticide; and, though it is insoluble in spirit and ether, yet it is soluble in chloroform. Chloroform also dissolves the fatty matter out of the hair-follicles, and thus allows the parasiticide dissolved in it to penetrate deeply. During the last year I have used a solution of seven grains of the acid to the ounce of chloroform to all cases of recent ringworm, and believe it is the most efficient treatment I have yet tried.

The small patches should be carefully marked out by cutting the hair very closely on them, and the chloroform solution should be well pressed and dabbed into the places with a minute sponge-mop for five minutes, two or three times a day, according to the amount of irritation produced. The aim of the treatment is not to produce scabs, but to get the solution to penetrate deeply. The sponge-mop should not be much larger than a big pea, and should be continually dipped into the chloroform-bottle, as the solution soon evaporates while it is pressed into the diseased spot, and leaves the yellow acid dry on the place. Great care must be taken that the solution does not run on to the forehead or into the eyes, and that the person using it does not inhale the vapor. I always give full directions about the care necessary in using such a potent remedy, and only apply it to small places of the disease. It is well for the nurse to keep her face away from the sponge, and to use the chloroform in a current of air, and not in a small room. The places should be well washed every morning with hot water and soap, to remove any sebaceous matter or crusts, and the hair should be kept closely cut on them till the new hair appears, which is generally in about two or three months ; but the remedy should be continued till all diseased stumps have come out.

Adulteration in Foods.—The following eloquent counterblast against the crime of adulteration is extracted from Dr. William Hitchman's "Lectures on Health," lately issued in England: Urge the most punctilious observance of normal skin, natural temperature, intellectual recreation, regulation of work, sleep, and waking hours, not omitting scientific ventilation and improved dwellings for the poor, cheap food, good cookery, as well as singularly minute attention to clothing and changes of weather —physical puritanism, in fact, with avoidance of alcohol, tobacco, snuff, and every intemperate habit; yet none shall raise Britannia's present veil of darkness until each child is radiant with the beauty of individual reform. Nobility of character is the only real life. In justice to the working classes, however, with whom I have been largely and intimately associated for some half century past, either as medical student, hospital surgeon, or poor-law medical officer and Sunday lecturer, let me say that —opposed to their progress is a social fiend; in the adulteration of food and drink is to be found a veritable "demon of inhumanity," or coldness of heart and barbarous cruelty. Surely that man is a devil in deed and in truth who, "when asked for bread, giveth a stone." Why does not a competent board of chemists scientifically declare on each article *ex cathedra*, that the veriest necessaries of life are really what they seem to be? Some of these sophistications, comparatively speaking, are perfectly harmless—I know from analysis—whilst other foods and drinks are absolutely poisonous, and often, alas! fatal. Why is not these adulteration of these numerous tanners and quack-like dyers wholly prevented? Because, severe as the law of the land now is, they contrive to evade it by some device or cunning. And "the thing pays!" Adulteration of food and drink results in the daily construction throughout the country of mansions, urban and suburban, whose foundations are the graves of its helpless and indigent victims.

Renovating Old Oil Paintings.—Druggists Circular: In cleansing old paintings that have become dingy with soot and coal-dust, substances are frequently employed that injure the painting by acting on the lighter and more delicate tints and shades.

Von Bibra has discovered a method which, according to Wierck's Gewerbe Zeitung, is both safe and rapid

The painting is first removed from the frame, and the dust and smoke brushed off with a pencil or feather. After this it is washed with a sponge dipped in well-water. It is next covered with a thick layer of soap; shaving soap is the best for the purpose, because it remains moist and does not dry on. After the soap has been on eight or ten minutes, it is all washed off with a strong brush or pencil, adding a little water if necessary. The soap

that still adheres is rinsed off sufficiently with water, and the picture left to dry.

When it is completely dry it is further cleansed with nitro-benzol. This chemical preparation is also known as nitro-benzine, artificial oil of bitter almonds, essence of mirbane, and is a yellowish, oily (very poisonous) liquid, with a powerful smell of bitter almonds. It is formed when coal tar benzol is mixed with fuming or concentrated nitric acid under suitable precautions. The nitro-benzol is poured into a dish or soup plate, and a clean linen rag dipped in it, and passed over the painting. This quickly removes all the adherent dirt. This linen rag must be frequently exchanged for a clean one. When the rag remains clean after going over it repeatedly, the cleansing is finished.

If the colors look dull after going over it the last time and letting it dry, it is given a thin coat of the finest olive oil, and after a while must be varnished with a good, quickly-drying varnish.

It is claimed that the dirtiest oil paintings, when cleansed as above described, acquire their original colors and freshness.

Stigmata Maidis in Diseases of the Heart.—The London Med. Record, August 15, 1884, says that during the past three years Dupont (Centralbl. für die Gesammte Therapie) has employed this extract in heart diseases with very good results. The extractum stigmata maidis reduces the action of the heart and increases diuresis. It is, as a rule, well tolerated. As a rule, its diuretic action is manifest on the first day after it is administered, and not unfrequently its action increases until after the third day. The amount of water excreted often increases from 500 grammes to 1,500 and 2,000 grammes (Oj-iv). It is especially indicated in diseases of the heart with œdema of the lower extremities or general hydrops, in which class of cases it displays its power as a diuretic. As the œdema disappears, the blood supply throughout the system is better regulated, the pulse-beat is more regular, the heart's action is slower and more rhythmical. While the general condition of the patient improves rapidly, dyspnœa does not seem to be influenced by the medicament. In cases of hypertrophy, contractions and insufficiency, the same results were always noted. The reason why this drug deserves praise is because it is well tolerated by all the patients. When compared with digitalis it acts more rapidly, while there is not so much difference between its action and that of convallaria majalis. In the beginning Dupont always administered the drug alone, until he had carefully studied its action, after which he combined with it bromide of potassium, iodide of potassium, and milk. With regard to the dose, the largest amount given was 3 grammes (45 grains) three times a day, one hour before each meal, with a little syrup. Generally half this quantity was sufficient to bring about a diuretic action.

Cocaine in Dentistry.—In an article in the Dental Cosmos for December, on the "Hydrochlorate of Cocaine," the new local anæsthetic, the author, Dr. Howe, speaks enthusiastically of his experience with it in filling teeth. The application of a few drops of a two per-cent. solution upon cotton placed in the cavity of a tooth, will reduce the sensitiveness of the dentine so as to permit cleaning and filling with practically no pain and but little discomfort.

The North American Review for January is an excellent number. "Vituperation is Politics," by Bishop Huntington, will be read by many with feelings quite improved on those with which they would have read it during the late presidential campaign. "The Reunited South," by Henry Watterson, is a timely article which handles its subject in a manner which must command the attention of every thoughtful citizen regardless of his political predilections. In "American Labor Organizations," Col. Hinton considers a matter which is yearly pressing itself more upon the attention of the American people. Frederick Harrison's "Froude's Life of Carlyle," and Courtney's "Socrates, Buddha and Christ," are literary efforts of a high order. "Herschel's Star Surveys," by Mr. Proctor, "The Evidences of the Senses," by Prof. Le Conte, and "Increase of Wealth," by Mr. Mulhall, are also readable and instructive papers.

The Microscope for December announces that it is paying its way and making money, and that while "many emergencies may arise to cause its suspension, yet one thing goes on record as an indisputable fact: It is a journal that pays all of its bills and leaves a handsome surplus in the treasury at the end of the year." While congratulating our contemporary on its good fortune, we trust there is no insinuation in its pardonable boast that there are any medical journals in this country which are not paying all of their bills and making "handsome surpluses." We always labored under the impression that all are making "handsome surpluses." If not, why do they exist?

Vick's Floral Guide comes to us again, with the regularity of the seasons. It is an artistic pamphlet, and while it contains no information touching plants yielding medicines it contains much information on plants in which doctors, in common with the rest of humanity, are most interested. To the æsthetically inclined the pages devoted to flowers (and who does not like flowers?) will prove particularly interesting. N. B.—Vick is the Rochester, N. Y., seedsman and florist, and he will furnish his Guide to any doctor who would like to be guided as it so well knows how to guide.

An illustration of "the ruling passion strong" was recently furnished by a physician of this city. This gentleman's horse ran away with him, and, upsetting his carriage, threw him, an insensible heap, upon the pavement. On recovering consciousness he

found himself surrounded by a crowd. "What's the matter? Any body hurt?" he inquired. "Gentlemen, I am Dr. ——. Can I be of any assistance?" The crowd thought Richard was himself again, and moved on.

The executive committee of the Ninth International Medical Congress announces the death of Dr. James G. Thomas, of Savannah, one of the members of the general committee of organization. On his way to Washington on the 29th ult., to attend the meeting for organization, Dr. Thomas was seized with the premonitory chill of an acute lobar pneumonia, to which he succumbed.

A young Pole, living at Warsaw, has offered himself in the interest of science, and is willing to submit to any experiment which may be deemed necessary to advance our knowledge of cholera. He declares that he is unmarried, has no ties of any kind, and has no plans for the future. We can think of no better use to which such a man could be put—especially should the experiments prove fatal.

The Chicago Sun says physicians should not be afraid to cross the ocean, because they are used to sea sickness. This is a nau-sea-ting attempt at a pun.

Mrs. Fishwhacker, on hearing that Mr. Willow's son took the diploma at Yale, remarked that she had always maintained that Yale was a very unhealthy city.

PRACTICAL MANUAL OF DISEASES OF WOMEN AND UTERINE Therapeutics, for Students and Practitioners. By H. McNaughton Jones, M. D., M. C. H., F. R. C. S. I. and E.; Examiner in Obstetrics, Royal University of Ireland; Fellow of the Academy of Medicine in Ireland, and of the Obstetrical Society in London, etc., etc.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

This book, a 12-mo. of 410 pages, was written at the request of the publishers, who desired to place before medical students and practitioners a work which should contain the essence of the subject of which it treats, without any of the material with which this essence is apt to be invested in the more voluminous treatises. It requires one of extended experience, both as a teacher and a practitioner, to write a book of this nature. In the more systematic treatise, such a dual experience is not so necessary, for the writer has in mind more especially those whose time permits of an exhaustive study of the subject. In the case of the student, only a portion of the time necessary for an exhaustive study of any subject can be devoted to it. But a superficial consideration of it will never answer as a foundation for the future study, which the exigencies of his practice will necessitate. The book adapted to his needs must, therefore, strike the happy mean. We have somewhat carefully examined the work before us, and find that it has been quite successful in so doing. It is not of the vest pocket stripe, nor is it encyclopædic, and it is admirably adapted to the needs of the general practitioner. Nearly 100 pages of it are devoted to the anatomical facts bearing on gynæcological practice, to the description of instruments, to instructions covering the methods of examining a case, and to minor operations. This part of the book will be found of great service by the young practitioner.

Epistaxis.*

BY E. L. SHURLY, M. D., PROFESSOR OF LARYNGOLOGY AND CLINICAL MEDICINE IN THE DETROIT MEDICAL COLLEGE.

This very common, and sometimes physiological, hæmorrhage, is often a source of great annoyance to the physician. My object in directing your notice to it this evening is, more particularly, to invite attention to a simpler mode of tamponing the nose, and urging its more frequent adoption by the profession generally.

Perhaps it will not be out of place for us to review, briefly, the many and various causes of epistaxis. Its common occurrence to a slight degree from slight traumatic causes need not detain us, because these cases should not be considered under the head of epistaxis as a condition, *per se*. Aside from this, the causes may be arranged into local and systemic. Among the local causes may be enumerated erosions or ulcerations of the mucous membrane, either benign, syphilitic, or lupoid, as described by Michell, Lefferts and others; the presence of one or two minute aneurisms somewhere in the nasal passages, as fully set forth by Dr. Little a few years ago; the presence of neoplasms, either large or small, and destructive disease of the turbinated bones, which may also give rise to abrasions, opening of blood-vessels, etc. Any of these local conditions may give rise to alarming and persistent epistaxis, exceptionally. But, as a rule, even when such diseased conditions exist, the epistaxis is not very often dangerous. In my experience the most alarming cases, and those calling for the most active interference, have occurred from systemic conditions. We know that there is a hæmorrhagic diathesis possessed by some, and with these persons we often meet with this trouble to a very great extent; indeed with such, it is hardly safe to leave the patient to the ordinary domestic treatment, on account of liability to recurrence. It frequently occurs in the early stages of typhoid and malarial fevers to such an extent as not only to render the patient markedly anæmic, but positively to endanger life. Plethora is a frequent cause. Sometimes nervous excitement and cephalalgia cause it. As a vicarious menstrual flow, it is frequently met with. The presence of a person in a rarefied atmosphere at a considerable altitude, frequently brings about severe epistaxis. Malaria or any other poison circulating in the blood and depressing the vital powers, will frequently

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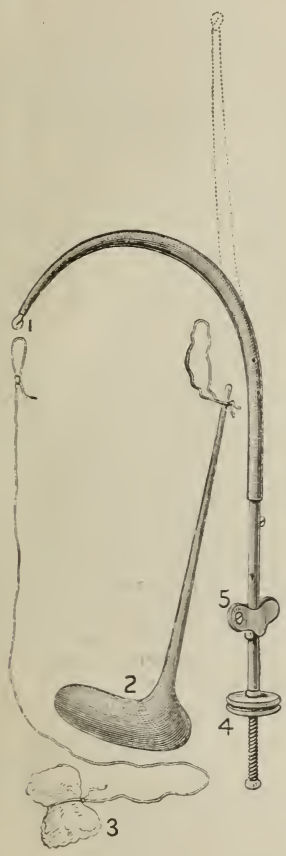
*A Paper read before the Detroit Medical and Library Association, Nov. 16, 1884.

bring about epistaxis; as will also extraordinary efforts, or an acute coryza.

The treatment of the affection will depend very greatly upon the cause and condition of the individual, or the amount of blood to be spared. It may be divided into local and general. In the lesser forms of this trouble the application of cold to the outside of the nose, or pressure at the ala, or of the lip at the base of the nasal column, will frequently suffice to check it. When the flow of blood is considerable, however, and recurs notwithstanding this, and a quiet attitude maintained by the patient, astringent applications must be made to the nasal channel, either with a syringe or with a spray. The syringe is, however, more effectual than the spray. A solution of tannic acid will often suffice, but I much prefer a solution of ferric alum (from 5 to 15 grains to the ounce). This seems to produce less irritation of the nasal mucous membrane, and is much more efficient as a styptic. The per-sulphate or per-chloride of iron, which is so generally used, is not without danger, as has been pointed out by several authors. For there are a few cases on record of inflammation of the frontal sinus or brain, and subsequent death resulting from the use of these last named agents, while there is an additional danger of producing fatal spasm of the glottis, especially in the case of children. At all events, though these dire consequences may not take place, still a high grade of irritation and inflammation of the nasal passages is the usual result of injecting into the nose strong solutions of these styptics; whereas, with tannic acid, or ferric alum no evil results will follow. The tannic acid may be used in the form of powder, as an insufflation, the only objection to its use in this way being the difficulty in thoroughly introducing it into the nasal passages, owing to the blood clots which quickly form anteriorly and obstruct its ingress; however, for a hemorrhage proceeding from the anterior region of the nasal passages, it is, perhaps, the most efficient means of controlling it. When a tolerable persistent use of these agents fails to control the hemorrhage or prevent its recurrence, and especially if a considerable loss of blood has been sustained, the physician ought to lose no time in tamponing the passage or passages. When this is properly done, it is absolutely certain to stop the flow of blood. Oftentimes an anterior plugging of the nose is sufficient. To accomplish this the best means consists in tying little pledgets of absorbent cotton or lint along a string, after the manner of a kite-tail tampon, and with a pair of forceps gently introduce one pledget at a time, until a sufficient number have been introduced, the whole to be left in from twelve to twenty-four hours, according to necessity. By arranging the plugs in this way, their removal is made comparatively easy, by gently pulling the string when one after the other will emerge from the nostril, obviating the necessity of groping around the nasal passage with the forceps, as is the case if a loose plug be used. When, however, this does not seem to reach the seat of the difficulty, and the hemorrhage continues from the posterior choanæ, it is useless to leave it thus, as the posterior tampon is now necessary. If the hemorrhage be from only one side, then plugging of that side only is necessary. The orthodox way of accomplishing this is to pass through the floor of the nose either a Bellocq's sound, an instrument with which you are all familiar, or a soft catheter, to the eye of which a string has been previously attached, or a stout piece of rubber cord, after the method of Wales. With either of these methods considerable manipulation is necessary in attaching the tampon and leading it back to the naso-pharynx, as you all know; to thread the eye of Bellocq's sound in the mouth, or to seize the pharyngeal end of the rubber cord with a pair of forceps, and then tie it to the thread of the tampon, or to seize from the posterior wall of the pharynx to which it is stuck by blood, the thread carried through by the soft catheter, and subsequently attach to it the tampon, is often a troublesome thing to do The manœuver is almost precisely the same, when the soft catheter is used or the rubber cord. In each case the tampon must be tied to it in the cavity of the mouth, where there is very little light, and perhaps considerable obstruction met with owing to the movements of the patient. Therefore, this theoretically easy procedure is often quite difficult to perform, as all of you who have done this, I think, will testify. On account of these difficulties, then, physicians often postpone posterior tamponing until the patient has lost more blood than he should have done.

Of all the measures commonly in use, the simplest, perhaps, is that of Dr. Wales, which consists of passing a rubber cord through the nose, pulling it out with forceps through the mouth and tying the string of the tampon to it; but this, as already stated, takes considerable time, and is very annoying. Many attempts have been made from time to time to simplify the process of tamponing, and one which was introduced to the profession a short time ago, promised so well that it was very eagerly seized upon by many of us. You will remember, it consists of a small bougie to which was attached a small, thin, rubber bag, similar to a Barnes' dilator, about two and a half inches long, which is introduced along the floor of the nose in the flaccid state and afterwards filled with air or water with the object of thus filling entirely the nasal cavity. This seemed all that was desirable from a theoretical aspect, but practically we found that it did not tampon the passage thoroughly; however well it might be inflated there would be chinks allowing the escape of a considerable amount of blood, which in turn causing more or less efforts on the part of the patient for their removal, constantly kept the tampon in motion. I believe now-a-days this instrument has been very generally abandoned. I show you this evening an instrument which is in some respects a modification of Elliott's uterine repositor and Bellocq's sound. The instrument is a little smaller than Bellocq's sound, about six inches

in length. It consists of two small watch springs covered with soft rubber. At its distil extremity it has a small bulb, in which a little groove is cut for the deposit of the thread holding the tampon. The notch is at such an angle



as not to catch on the tissue, when retracting the instrument through the nose, or allow the thread to fall out. At the handle it has a set screw to which is attached one of the springs so that when the screw is turned one of the springs is shortened in such a way as to bend the instrument, when introtroduced, around the soft palate, pressing the bulb in the cavity of the mouth with the groove toward the upper surface. Just anterior to that is a little thumb-spring, upon which pressure can be made to hold the instrument in this bent position as long as necessary. The instrument is to be introduced along the floor of the nose until touching the posterior wall of the pharynx. The set-screw is now turned until the knob, or distil extremity, appears in front of the soft palate, when being held in this position, and having made a loop in the end of the thread which carries the tampon, it is hooked into the groove, the thumb raised from the spring and the instrument withdrawn. This loop tied in the thread which holds the tampon, may be with a pair of forceps or the fingers and thumb, placed into the little notch of the bulb quite easily. This procedure is repeated on the other side if necessary, and the anterior nares are plugged afterwards with tampons in the usual manner, and the two strings tied over them across the column of the nose. The pledgets are now all firmly fixed, and cannot be dislodged by the patient, while the nasal cavity is thus completely closed. I am having made to go with this instrument, some thin rubber bags, similar to Barnes' dilators, which may be used, if desired, instead of the lint or cotton. These are introduced precisely in the same manner, and while flaccid may be inflated, when placed *in situ* at the posterior nares. The advantage which these have over the ordinary tampon would seem to consist of the facility both of introduction and removal.

In all cases tampons should not be left in more than forty-eight hours, on account of the danger of ulceration, and possibly septic poisoning which might arise. It is far safer to remove them at the end of that time, wash the nasal passages gently, and if the hemorrhage recur to introduce them again. I must not omit calling attention to the necessity of having the tampon small enough to just nicely engage in the choana, because if they be so large as to touch more or less the neighboring surface of the vault of the pharynx they cause great distress to the patient, while of course more or less hemorrhage may continue. Besides the spasmodic action of the palatine muscles, caused by the lodgement upon them of extraneous substances, will still further keep loosening them and disturbing the clots in the nasal chambers.

In those cases of severe recurring epistaxis, which depend upon local abrasions or the presence of tumors, a radical treatment will, of course, require the active local treatment of these conditions. If there be dead bone present, this must be removed. If ulceration be present and within reach, it should be freely cauterized, either with the galvano-cautery or some other escharotic. If tumors of any sort be present, they must be removed. The tampon, of course, in such cases, furnishes only temporary relief. In most of the cases approaching fatality, the systemic condition has much to do with it. In the early stages of fevers, we should at once adopt very vigorous tonic treatment, and especially the use internally of the styptics, such as iron, ergot, etc., and not delay too long the use of the tampon. In those cases which are really vicarious menstruation, it may not be well to interfere too much with nature's methods, but the condition of the ovaries and uterus should receive attention. In those cases due to plethora, cephalalgia, etc., it is quite pernicious to interfere with the flow of blood, unless the loss be considerable, for it is well-known that this accident is often quite a sanitary measure. Neither should we meddle too much in those cases which the Germans term the "bleeders" or those possessing the hemorrhagic diathesis, for the suppression of such a flow has been known to lead to serious internal diseases. It is only in those cases where the loss of

blood has proceeded beyond a certain limit, that we should actively interfere, excepting in the way of general treatment, and then act thoroughly. But to correct any abnormal conditions of the fluids of the body, which may seem to act as the predisposing or even exciting cause, should thoroughly engage our attention.

Gall Stones—Their Prevention and Treatment.

BY WILLIAM A. BYRD, M. D., QUINCY, ILL.*

Concretions consisting of various substances form in the biliary ducts and gall bladder, under favoring circumstances, in man and various other animals.

These concretions in man vary in size from a millet-seed to that of a pullet's egg, and are composed, for the most part, of cholesterine, bile pigments, epithelial scales, cholepyrrhin, and lime, in combination with the bile acids. The majority are composed in great part of cholesterine. They are generally composed of a nucleus, which may be the body of a dead parasite, inspissated mucus, or crystallized cholesterine; a body, generally composed of cholesterine, mucus, and bile-pigment; and a shell, very thin, composed of some lime-salt. They are influenced in form by their size, number and location.

If a great number that are small in size are loose in the gall bladder, they are generally smooth and spheroidal in shape, while if they are few in number and large in size, they approximate nearer the cube, with facets where they come in contact with one another; if solitary, and in the gall-bladder, they are generally large and spheroidal, without facets, and with a smooth external coat. If they are formed in other portions of the biliary tract, they partake of the shape of the duct or ducts, and may be branched like a tree.

Biliary calculi may afflict humanity at any age, and may be found in all countries and in both sexes. Middle life is the time that they are most prevalent, and records show that women suffer about three times as often as men.

Those persons pursuing sedentary occupations are much more prone to this disease than those that lead an active and out-of-door life.

Authors seem pretty well satisfied that it is not owing so much to a changed chemical condition of the bile, although such may be the case, that gall-stones owe their origin, as an obstruction to its onward flow toward the intestine. During the stasis an opportunity is given for thickened mucus or epithelial scales to accumulate at some one point, or for the cholesterine to crystallize and perhaps entangle thickened bile-pigment among the crystals, thus to form the nucleus of a future stone. This condition may be brought about by external violence, lack of active exercise, by eating too seldom during the day, or by a catarrhal condition of the biliary passages blocking up the bile, by tight lacing or pregnancy, and by the pressure of hepatic or peri-hepatic tumors. In color they vary from a pearly white to a glistening jet black or deep brown. They are mostly of a dirty brown color. When dry they will float upon water, but in the recent state they will sink. They are readily dissolved in chloroform and ether, and to a less degree by some oils and hot alkaline solutions.

Granting that they are formed from an altered condition of the bile, or more frequently from the bile remaining in long-continued state of rest, with the addition of an undue amount of mucous secreted from the catarrhal coat of the bile ducts, prophylaxis would require all exciting causes to be removed. Tight lacing should be forbidden; any tumors that interfere with the flow of bile, that could with safety, should be extirpated; and at least three meals a day should be eaten to stimulate the peristaltic action of the intestine.

A moderate degree of exercise should be taken, and that of such a nature as to bring the abdominal muscles into play, so that their alternate contraction and relaxation would drive the gall along the ducts into the intestines. Costiveness must be guarded against by the use of alkaline laxatives.

In Europe the Germans recommend the Carlsbad water, and the French, Vichy. In this country our alkaline and alkaline-sulphur springs will answer equally as well. For instance the Congress springs at Saratoga, Bladon spring in Alabama, the California Seltzer springs, the St. Louis springs in Michigan, and the Perry and Versailles springs in Illinois, would answer as alkaline waters. Many other springs would answer as well.

Many patients would be pecuniarily unable to go to any watering place and such would have to be put upon proper treatment at home, being careful to have alkalies taken at proper times and looking well to the action of the bowels. Of course exercise that can be taken amid agreeable company will be of very decided advantage. In the July, 1867 number of the American Journal of the Medical Sciences Dr. Thomas H. Buckler of Baltimore, recommended the use of "the hydrated succinate of the peroxyde of iron" in the treatment of biliary lithiasis. His idea was that succinate of iron would yield sufficient oxygen to prevent the cholesterine from crystallizing or forming new compounds. In his hands it seemed to have the desired effect, but the reports from other observers are not so favorable, and now after the lapse of seventeen years I doubt if many of the profession recollect it.

The first intimation that a patient has that he is afflicted with gall-stones is a sudden attack of bilious colic, which is ushered in with a chill, generally followed by fever, sweating and excruciating pain in the region of the gall-bladder. This pain passes off after a variable time, and recurs at intervals more remote. The pain is caused by a gall-stone becoming lodged in the cystic or common duct, most frequently though, a stone may meet with obstructions anywhere in the hepatic duct that will cause

*Read before the Mississippi Valley Medical Association, and published in the Weekly Medical Review.

an equal amount of pain. It ceases when the calculus has passed on to the intestine or back into the gall-bladder. A different issue may occur, as the stone may cause ulceration that will establish a biliary fistula leading into the intestine, stomach, bronchi, abdominal cavity, externally, or into the substance of the liver, causing abscess. Although hepatic colic is generally the first symptom that may call the patient's or physician's attention to the liver as the seat of mischief, there is a latent stage of the disease where the calculi are forming.

Seldom is there any symptom during this period that will call for treatment, but at times there is a kind of intermittent fever with intermissions of a week or more, denominated by Charcot as "la fievre intermittente hepatique." Such a condition should lead the physician to suspect hepatic lithiasis.

It is seldom, indeed, that the calculi can be felt through the abdominal walls. Many patients that are subject to gall-stones, owing to sedentary habits, and perhaps heredity, are quite fleshy and no man's touch would be sufficiently erudite to decide that there were concretions in their gall-bladders. Even in very thin persons such a method if relied upon alone would prove extremely fallacious. For instance I have here a gall-bladder containing biliary calculi that I took from a patient the tenth of this month. I do not think any man could have felt them through the abdominal walls, yet I had diagnosed their existence six weeks before the lady's death.

There remains another method of deciding certainly the presence of biliary calculi and that is by exploring the gall-bladder with a fine aspirator needle or other slender instrument. This method of diagnosis had been proposed by various physicians, but was first practiced by Dr. James T. Whittaker, of Cincinnati, April 20, 1882, and described fully by Dr. Joseph Ranschoff in a paper entitled "A Contribution to the Surgery of the Liver," read before the surgical section of the American Medical Association at its meeting in St. Paul in June, 1882, and published in the New York Medical Record for September 2, 1882. The same method is recommended with a report of a case in which it was tried by Dr. George Harley, of London in the Medical Times and Gazette, numbers for July 5 to 12, 1884. The method was successful in the hands of all these gentlemen, and though not being entirely devoid of danger, is worthy of further trial in suitable cases.

Local rise of temperature at the site of the gall-bladder over that of surrounding parts sometimes indicates the existence of an impacted gall stone.

Jaundice is not a complication and an accompanying symptom in cases of biliary colic, except in those cases where the ductus communis or hepatic duct are closed by an impacted calculus. The calculus either breaks up, or passes on into the intestines or back into the gall-bladder when the patient is relieved. If it passes on into the intestine it frequently becomes entangled in the appendix vermiformis or the ileo-cæcal valve, causing inflammation, ulceration and obstruction of the bowel followed by the death of the patient.

Even should the calculus pass the intestine without being arrested and causing damage, the tendency to form other calculi has not been arrested.

To discover gall-stones that have passed into the bowels the fæces should be placed upon a sieve and washed with a stream of water. The treatment of gall-stones, outside of the prophylactic, which has already been pointed out, must be divided into medical or palliative and surgical or radical.

The medical treatment was the only one that received any attention whatever from the profession until very recently. Anodynes are indicated for the relief of the great pain. Of these, opium or some of its derivatives rank first, then come chloroform and ether.

Durand recommended a mixture of oil of turpentine and ether; and some one, I have forgotten who, recommends large doses of olive oil. Dr. T. H. Buckler, of Baltimore, contributes a valuable article in the July, 1867, number of the American Journal of the Medical Sciences, entitled "Solvents of Cholesterine," in which he recommends chloroform very highly and quotes H. Bence Jones in regard to the permeability of tissues to show that chloroform taken into the stomach will permeate the surrounding tissues so as to reach the impacted calculus and dissolve it. His experiments proved turpentine to be of no value as a solvent. Ether is a good solvent, but owing to its great volatility is not permanent enough in ordinary doses to accomplish the desired good. Chloroform is not only not so volatile but is a better solvent than other agent and its anodyne qualities place it next to opium when taken into the stomach for the relief of pain.

Many who have tried the chloroform treatment indorse it for the benefits derived from it, but attribute all the good effects to its anodyne qualities, denying that it can so permeate the tissues as to reach and dissolve the calculus.

They think that when the muscular fibres of the duct are relaxed by its anodyne effect the calculus passes on to the intestine and the trouble is relieved.

Let the result be as it may, in my hands chloroform has been the only effective agent for anything like a satisfactory relief of bilious colic.

I have several patients who had been subject to the trouble for years that have been apparently permanently relieved, and one, a circuit judge, who never goes away from home without his bottle of chloroform mixture with him. Yet he has had at one time a respite of nearly three years.

Mixtures of this kind should always be dispensed by the physician himself to prevent the possibility of the patient contracting the morphine or chloroform habit. After the colic is relieved prophylac treatment should be insisted upon. Dr. Charles Wesley Rook, of Quincy, suggests injecting a smal quantity of chloroform into the gall-bladder with an aspirator to secure a solution of the stones.

When the common duct becomes occluded by a number of calculi or by one large calculus, the bile continues to accumulate, and the gall-bladder and the terminal hepatic ducts become over distended and the patient's life is in immediate increasing danger. In former years this was a deplorable condition indeed for a patient to be placed in, as the surgeon's great respect for the peritoneum forbade him giving his patient any chance for his life beyond the application of hot cataplasms and the exhibition of large anodyne doses. The introduction of the aspirator has placed at our command an appliance that can be used as a palliative and, at times, we can secure a cure by its proper use. In a case I saw with Dr. E. C. King, of Payson, Illinois, some two years since, the gall-bladder was greatly distended and the patient was suffering in agony. To give immediate relief I introduced an aspirtaor needle into the gall bladder and drew away three ounces of its contents, giving the patient great ease. This being followed by anodynes the offending calculus passed on into the intestine.

The patient has been taking remedies to correct the tendency to the formation of calculi since, and has only suffered occasionally from hepatic colic. Each attack has been readily relieved with anodynes without further resort to instrumental interference. The relief of the distension will relax the contracted duct, or remove the pressure acting as an irritant; that being removed permits the congestive swelling to subside, and allows the stone to pass on, as is frequently the case with urine passing a stricture of the urethra after an over-distension of bladder has been relieved by aspiration. When the pain is not relieved by anodynes or aspiration, or when there is reason to suspect that ulceration of the coats of the ducts is going on, something else must be done, and that something else is the operation first performed by our illustrious countryman, and perfected and popularized by no less illustrious an Englishman, Mr. Lawson Tait, cholecystotomy. This operation has before it as fair a field as has perineal section for the relief of cystitis, and other diseases of that organ. Mr. Tait recommends that the opening in the gall-bladder be stitched to the opening in the abdominal walls so as to permit a free external flow of the bile. By this method there is no accumulation and over-distension with its accompanying irritation and inflammation to complicate the course towards recovery. Having for some years taught and practiced the making of internal fistulæ to prevent over-distension and its attendant evils when an enterectomy or enterotomy is performed, of course I admire the same method when applied to cholecystotomy and believe it far preferable to the plan of Sir Spencer Wells, where the opening is made into the gall bladder, the calculi extracted and then the opening is sewed up and the abdominal wound closed. This latter practice is much more liable to be followed by a recurrence of the trouble than is the method of Mr. Tait.

I will only mention Langenbuch's method of total excision of the gall-bladder for the cure of gall-stones, to state that, in my opinion, it should never be put to practice except on the cadaver.

At the conclusion of the reading of his paper Dr. Byrd exhibited a great variety of gall stones, one as large as a hen's egg that had been passed with the fæces. The patient suffered seven years before getting rid of it. The first pain occurred during its passage through the duct and afterwards pain occurred as it passed the ileo-cæcal valve. He also opened the gall bladder that he had removed from the cadaver two weeks before and exhibited a collection of brilliant, white calculi in it. Some were spontaneously fractured. One had become lodged in the cystic duct and by pressure had caused one side of the duct to give way and present the appearance of a diverticulum containing a stone, with one side projecting into the duct.

The Physiological Action of the Chlorhydrate of Cocaine.

BY LOUIS VAEHER, M. D., ORLEANS, FRANCE.*

Since the communication of Dr. Koller, at the Faculty of Medicine of Vienna, in the forepart of last month. and the discussion which followed, it is evident that the study of cocaine is the order of the day. Its action upon the pharyngeal and laryngeal mucous membranes had been utilized for many years, either for the exploration or deep cauterization of these organs, and with almost complete diminution of the reflex actions of sensation.

The principal French ophthalmologists and all who could immediately procure this alkaloid, whose price is proportioned to its rarity, are making numerous experiments in order to arrive at a precise determination of the manner, when and how, it may be employed to the best advantage.

The following are the results of my own observations, commenced at the same date. It will be seen that they completely confirm those already published on this subject.

I have used solutions of several strengths (1, 2, 6 and 10 per cent.) by instillation and hypodermic injection. The action of cocaine seems to me absolutely subordinate to the quantity absorbed and to the manner of its employment, *i. e.*, by instillation or injection. Its action is produced rapidly (requiring two or three minutes in order to be complete), and lasts but a short time (ten to fifteen minutes). The mydriasis which accompanies its administration is variable, according to different subjects, as to rapidity, intensity and duration. If, therefore, we employ solutions of one- or two-per-cent., we are obliged to make several instillations of four or five drops, at intervals of five minutes, in order to obtain a maximum condition of anæsthesia. If, however, we use a solution of six-per-cent., one or two instil-

*Translated from the French by F. B. Florentine, M. D., Saginaw City, Mich.

lations of the same quantity, every two minutes, suffice.

The strongest solution does not seem to offer any great advantages; its action is neither more rapid nor more profound, unless we employ it by means of injection. In this way it permits the absorption of large quantities of medicament for a few drops of liquid. If the operation is to be made in different times or stages, or is likely to last more than ten minutes, it is necessary to instil several times with the solution, and to carry the liquids proportionately even upon the parts to be cut or cauterized. I thought that I observed that the action was more durable whenever the medicament was brought, by means of hypodermic injections, in contact with the sensory nerves of the region.

FIRST GROUP OF EXPERIMENTS: INSTILLATIONS.

1. *Extraction of foreign bodies from the cornea and sclero-corneal junction.*—In the eyes affected, one suffered from perikeratic injection, photophobia and violent pains; the other had preserved certain tolerance for the foreign bodies. Instillation of four drops of a six-per-cent. solution, repeated twice at intervals of five minutes. The first eye presents a diminution of the photophobia and pain, and the extraction took place without complaint on the part of the patient, yet a slight pain was caused by the fixation of the globe. The second eye, which was not badly congested, offers a complete anæsthesia, and, therefore, no pain whatever was experienced during the fixation of the globe, extraction, etc.

2. *Simple iridectomy.*—1% solution. Four instillations of four drops, at intervals of three minutes; two minutes after the last instillation, allaying of the blepharospasm, fixation of the globe, incision of the cornea, and prehension of the iris, without any pain whatever. The section of the iris provoked only a slight pain.

3. *Cataract without iridectomy.*—Two instillations of four drops of a 2% solution at intervals of three minutes. Operation two minutes after the last. All the stages of the operation took place without the patient experiencing the least pain. The washing of the eye and the complete cleansing of the pupil does not give rise to any contraction of the eyelids, permitting to completion of the operation under the most favorable conditions possible. The slight pain that generally follows the operation passed off in a few hours.

4. *Cataract with iridectomy.*—Two instillations of four drops of a 2% solution. Slight pain during the section of the iris. All the rest of the operation was performed without pain.

5. *Syndectomy.*—Two instillations of four drops of a 6%, at intervals of five minutes; a new instillation during the operation, which presented some difficulties on account of the adherence and friability of the conjunctiva. The patient declared that he felt nothing more than a slight sensation of weight upon the globe.

6. *Cauterization of the sclero-corneal junction* with the galvano-cautery. Two instillations of two drops of 1% at the usual intervals. No pain, no contraction. One hour after the patient felt only a sensation of inconvenience, and not at all of burning. I must note, however, that upon the second inflamed eye, anæsthesia was not complete.

SECOND GROUP OF EXPERIMENTS: INSTILLATIONS AND HYPODERMIC INJECTIONS—SOLUTIONS OF 1% AND 2%.

1. *Iridectomy.*—Injection of two drops of of 1% solution, together with instillation into the globe. The patient felt no pain during the section of the iris. He remarked, however: "I felt that you did something to me, but I did not suffer"

2. *Ablation of an anterior staphyloma* upon an eye affected with liquefaction of the vitreous body, and luxation of the crystalline in its capsule. The operation was by Critchett's method. Injection of two drops of 2% solution under the conjunctiva at the extremity of the large diameters. No pain of any account.

3. *Operation for entropion* of the superior eyelids by galvanic cauterization. The right, injection of two drops of 1% solution in the thickness of the eyelid, which was rapidly followed by voluminous œdema that disappeared, however, on the same day. The left, injection of two drops deeply in the region of the eyebrows. Pain in both cases, but more intense in the right than the left; but, nevertheless, the patient declared the pain quite supportable.

As a whole, it seems to me that the action of cocaine is more profound and durable whenever we employ it by means of hypodermic injections along the course of sensitive nerves of a region; but that it is also necessary to make instillations at the same time whenever we want a superficial action of the conjunctiva and cornea, and this action is a great deal less complete when the eye is actually inflamed. I regret not having had any occasion, as yet, for tenotony or enucleation, cases in which I would have equally used injections and instillations.

From a combination of the instillations of two-per-cent. solution, and injections with one-per-cent. or two-per-cent. solution, it seems to me that a maximum condition of anæsthesia, without inconvenience or danger, may be produced.

As to pupillary dilatation, it varies according to individuals. I do not think that it is possible to say, at present, whether it could be advantageously utilized for deep examination of the eye or treatment of the affections of the iris. Yet I must add that I obtained a great and rapid relief for a patient affected with episcleritis and anterior sclero-choroiditis, by the employment of a collyrium of cocaine of six-per-cent. by instillation of a drop every two hours. I have also employed cocaine several times in extracting teeth, by saturating a small piece of cotton with a solution of one-per-cent., and introducing it into the bottom of the carious cavity. Extraction, ten or twelve minutes after, seemed to be a good deal less

painful. But quite a larger number of observations would be necessary for a conclusion on this last point.—*Gazette Hebdomadaire de Médecine et de Chirurgie, Paris.*

Detroit Medical and Library Association.

Regular Meeting, November 16th, 1884.

Meeting called to order by the president, Dr. Inglis, 34 members being present.

Dr. Webber exhibited a number of cysts, varying in size from that of a small nut to a large egg, which had been removed from a man at a post mortem examination. The individual in whom the cysts had developed, was about 35 years of age, had served in the U. S. army, and, during service, had contracted chronic diarrhœa, and, at times, experienced colicky pains over the abdomen. Physical examination showed a tumor growing from the right iliac fossa, and attached to the spine. Fluctuation was easily obtained. Autopsy: The tumor had expanded the abdomen to that extent as to fairly burst out when the integument was cut. There seemed to be two distinct sacs, the one on the right side springing from the iliac fossa, and attached to the spine, liver and bladder; that on the left side also springing from the iliac fossa, but without attachments. The mother cysts contained a large number of smaller ones, which were filled with translucent fluids of various colors, red, green, purple and white.

Dr. Geo. Duffield had examined the walls and contents of various cysts, but found no traces of echinococci.

Dr. F. W. Brown said he had examined a few of the cysts, but was no more successful than Dr. Duffield. The walls, however, showed the peculiar laminated structure of a true hydatid cyst. When ruptured, the membrane curls in, which has been mentioned as a characteristic of these cysts. Chemical examination of contents was as follows: Sp. gr. 1000, reaction, sl. alkaline; albumin present in small quantities; sugar, absent; chlorides, large amount; phosphates, medium amount. Albumin is not a normal constituent of these cysts, and when present is probably of inflammatory origin.

Slides of echinococcus and adenoma mammæ were exhibited by Dr. Duffield.

Dr. O. W. Owen exhibited a specimen of the urine he had described at a previous meeting, as having contained such large quantities of bile—changing to an almost black color on the addition of HNO_3. At present no change takes place on the addition of the acid.

Dr. Lundy exhibited an eye which he had removed because of absolute glaucoma, the result of a bee sting. For nine weeks the patient had been racked with pain. The pupil was widely dilated, and the anterior chamber, smaller than normal. During the period of inflammation, strong solutions of atropia had no effect on the pain.

Dr. Walker showed a new instrument, which he had devised for the purpose of dilating the prostatic urethra in enlargement of the prostate gland.

On two cases the gradual dilatation had been tried and with good results.

Dr. Shurly read a paper on epistaxis, and exhibited a new and ingenious instrument of his own device, for plugging the posterior nares. (See page 375.)

Dr. Hoyt detailed a case of diphtheria which had yielded nicely to the calomel treatment, together with a solution of corrosive sublimate to the throat.

Dr. Webber: We are not always sure when we get through with diphtheria. A case in my practice, recently, illustrated this. The exudate was disappearing, the child sitting up and evidently getting better. It called for some milk, and, after drinking, vomited. It was then laid on the bed, and turned over as if about going to sleep. In a few minutes the mother, in passing through the room, discovered it was dead, having died, no doubt, from paralysis of the heart.

A discussion was then had on the methods of fumigation employed after contagious diseases, and in how far such fumigation was effective.

Dr. Flintermann described a case of a baker, who came to him complaining of a sudden pain in the testicle, which he had felt while lifting a heavy load. Examination showed a non-inflamed tumor, evidently of long standing, and complicated with a hernia. Dr. McGraw removed the growth, which, on examination by Dr. Duffield, was found to be a carcinoma, containing a large amount of extravasated blood.

Dr. Bonning had seen the man and agreed with Dr. Flintermann's diagnosis.

Dr. Walker had seen a sarcoma of the testicle, which had evidently existed for a long time without the patient noticing it.

Dr. Lyster called the attention of the members to the character of the fall fevers, which were not strictly malarial, but more approaching typhoid in character. He also mentioned an instance to show the contagiousness of diphtheria. In Saginaw two children had diphtheria. When apparently well they went to Flint, there left germs of the disease. Two children in the Flint family were taken down and died. The Saginaw children then visited another family in Flint, where a young man was taken down with diphtheria. He convalesced and went to the northern part of the state, and carried the disease to another family, which resulted in the death of an only child.

The name of S. R. Jones was referred to the advisory council.

Adjourned.

Regular Meeting, Dec. 1st, 1884.

Meeting called to order by the president, Dr. Inglis.

Nineteen members were present.

Dr. Flintermann described the case of tumor of the testicle, spoken of at the last meeting. The man having died after the operation, an autopsy was held. It was interesting to note the secondary infiltrations which had occurred from the tumor—a carcinoma. The lungs were studded all over with secondary nodules, which had a very malignant appearance. Both pleural sacs were filled with a dark sanguineous fluid, and both lungs were bound down to the thoracic walls by strong adhesions. In the right illiac fossa was a tumor involving the femoral vein and artery.

Dr. Duffield exhibited microscopical slides of the testicle and lungs. The former was interesting as it involved the omentum, the two tissues being together, owing to congenital hernia. The heart and kidneys were exhibited, but seemed healthy.

The subject for discussion, House Sanitation, was then laid before the meeting.

Dr. Babcock described as unhealthy many houses having no cellars or holes under them for the air to circulate, giving rise to fungoid growths, which seemed the cause of malaria.

Dr. Webber spoke of several streets which are considered very beautiful, but described the houses as unhealthful, due to too much shade, not allowing the sun to penetrate. He spoke further of wet walls in houses having a brick foundation, and the ill effects resulting from this and poor drainage. He called especial attention to decaying vegetables in the cellars of farmers, which was productive of malaria.

Dr. Edwards spoke of the modern sewers, their construction and faults, and various ways in which they could be improved.

Dr. Wight, health officer, began his remarks by making the supposition that he was about to build a house. First, the necessity of selecting the best site. The foundation should be underdrained and all ground water removed, as a damp condition promotes rheumatism and tuberculosis. Then the ground should be covered with a dry cement, 6 to 8 inches thick, gas, water and air-tight. This prevents the rising of gas from the ground, for the soil in large cities is always more or less poisoned, because of buried privy vaults, which are only discovered on digging for extensive foundations. In winter windows are closed, hot air goes up, the house acts as a flue, and carries gases up through it, poisoning its inmates.

Dr. Wight called especial notice to the ill effects of filling lots with street sweepings and the dirt from other cellars. It is as hard to convict sanitary sinners as it is to convict spiritual sinners. Foundations should not be laid with brick, neither should the brick be laid below the ground, for every brick absorbs about one pound of moisture, and so prevents the ingress and egress of air. Sitting in such a house is like sitting in damp clothes. Never build a privy vault in your yard. They are the devil's magazines of pestilence. They contain the most dreadful stuff imaginable. Where these out-houses must be kept in the yard, a kerosene oil barrel, cut in halves, with the occasional addition of wood ashes to the excrement, and when full removed and sprinkled and spaded through the garden, makes an excellent manure. The improved water closet and the necessary traps, all of which connected with the same, should be well ventilated by iron pipes passing from the trap through the roof. Earthen pipes should be rejected. The soil pipe should be of iron, and should be painted white so as to get at it easily, also that any escape of sulphuretted hydrogen could be easily noted, the escape causing the pipe to turn black in that place. It costs more to have a good job done, but it pays in the end by keeping the occupants of the house in health.

Dr. Pratt said one of the most common errors of plumbing is to have a w. c. on each floor and only one trap in the basement, which is supposed to guard all. Every trap, however small, should have a ventilation of its own. I think that the old-fashioned goose-neck-trap, well ventilated, is equal to any other improvements yet made. (Seconded by Health Officer Wight.)

Dr. Carstens called attention to the sewer traps to be found in cellars, which are not well protected, and thought the people were at fault, besides the plumbers and the architects.

Dr. Edwards called attention to the work of some plumbers under the direction of Chicago architects, who placed the ventilating pipes opening into the hot air chamber of the furnace, and so disseminated sickness to all the occupants of the house. The doctor then spoke of the Durham plan of sewage at Pullman, Ill., where the pipes were painted within and without, and had but one trap at the entrance of the sewer ; all the water closets were flushed by a large flow of water, everything being carried away before putrefaction could begin.

Dr. R. P. Mills' name was mentioned for membership by Dr. Webber. It was referred to the advisory council.

Adjourned.

GEORGE DUFFIELD, M. D.,
Secretary.

South Michigan Medical Association.

DECEMBER 9th, 1884.

The Semi-Annual meeting of the South Michigan Medical Association was called to order, in the Common Council Rooms, in the City of Coldwater, by the President, Dr. W. Byrns, of Bronson, about thirty members being in attendance.

Drs. King, Marsh, and Loomis were appointed a Committee on Admissions. The names of Drs. Moore, of Hillsdale; Ramsdall, of Tekonsha; Eccles, of Blissfield; and Warsabo, of Coldwater, were proposed for membership, and the committe reporting favorably, they were declared elected.

Dr. S. H. Clizbee, of Coldwater, presented a case of "contraction of the tendons of the arm," which was referred to a committee consisting of Drs. Smart, of

Hudson; Clizbee, of Coldwater; Hurd, of Union City; and Falley, of Hillsdale, who advised tenotomy and forcible extension.

The Committee on Fee Bill, appointed at the July meeting, reported "that they had prepared a Fee Bill embracing the lowest price that should be charged, and as high as the character of the service might demand, and that the same should be printed and a copy furnished to each member of the Society." After discussion by Drs. Falley, Smart, Tucker, Hurd, and others, the report of the committee was accepted and adopted.

The Committee on Jurisprudence, Dr. A.R. Smart, reported on effect of Act No. 167, session laws of 1883, known as the Medical Registration Act, and advised amendments to it providing for an Examining Board, in order to make it an Act to promote the Public Health, and asking that a committee on Medical Legislation be appointed from this Society, to act with like commitees from other societies, to secure suitable amendments to the Medical Registration Act.

The report was unanimously adopted, and a committee appointed, consisting of Drs. Howell, Town, and Smart, the two former being Representatives elect to the next Legislature.

Dr. S. H. Clizbee, of Coldwater, presented a paper on Phymosis. "There are many diseases of reflex nervous origin, the cause of some of which is found in congenital phymosis when the prepuce is elongated and the opening so small that a surgeon's probe will scarcely pass through it. Among those effects are simulated epilepsy, convulsions, partial paralysis, simulated coxalgia, etc.; the cases are benefitted and often entirely cured by circumcision. Many cases of incurable incontinence of the urine are easily cured by this operation."

Dr. Smart believed in using a continuous suture rather than an interrupted one, and in using great care in drawing down the foreskin and mucous membrane.

Dr. Moore suggested dilatation by means of dressing forceps, as often succeeding.

Dr. D. H. Wood said circumcision aids in the cure of infantile hernia.

Dr. B. Whelan gave account of two cases, which had long been treated for worms, having long, adherent prepuces which, being circumcised, was followed by immediate relief.

Dr. L. H. Wurtz read a paper on Diphtheria in the State Public School. The disease broke out in June, there being four cases, and up to September 30 there were ninety-two (92) cases treated in the institution. Those sick were taken to the hospital, placed in bed in light airy rooms containing no unnecessary furniture, not over two or three in a room usually. All discharges from air passages were received on clean rags and immediately burned—discharges from bowels and kidneys in vessels containing copperas or carbolic veil solutions, on first entering the Hospital a mild murcurial was given and with few exceptions no cathartics were given after the second day—gargles of potass. chlor. and ferri mur. tinct. were used alternately with solutions of carbolic acid. Tinct. of iron was given after the first month to every well child as a prophylactic. In August was tried the treatment with terpentine in twelve of the worst cases at that time, giving from a half to a whole teaspoonful in warm milk two or three times a day, through two days. Three of the twelve died and would have died under any treatment, specific or otherwise. Inhalations of the fumes of turpentine and coal tar were also used in those twelve cases, and the life of one boy at least was saved by its use. Of the 92 cases treated by Dr. Wurtz, 84 recovered and eight proved fatal.

Dr. Loomis uses freely of carbolic acid as a prophylactic.

Dr. Smart questions the ability always to determine between a case of follicular tonsillitis and a mild attack of diphtheria, and many so-called cases come from treating the former for the latter.

Dr. Byrns was largely of alkalies in treatment of diphtheria,

Dr. Warsabo presented a case of epilepsy, which was referred to a committee consisting of Drs. Fally, Wurtz and Moon

Dr. M. R. Morden, of Adrian, presented a paper entitled Comparatives in Disease, a plea for the use of qualifying adjectives in describing diseases like diphtheria, scarlatina, syphilis, typhoid fever, etc., and the perplexities that beset a physician in describing those mild forms of disease without creating unnecessary alarm and at the same time giving a truthful and exact diagnosis.

Dr. Town believed a physician should reserve his opinion in cases of typhoid fever.

The following were chosen as delegates to the American Medical Society for the coming meeting in 1885 at New Orleans: Dr. L. H. Wurtz of Coldwater, R. A. Everett of Hillsdale, A. R. Smart of Hudson, D. H. Wood, of Quincy, M. R. Morden, of Adrian, H. D. Wood, of Angola, Ind., J. L. Haggerty, of Fremont, Ind., and W. R. Ditmars, of North Adams.

Dr. C. D. Parsons reported a case of "The prolonged action of chloroform upon the lungs."

Dr. C. L. King reported on the use of muriate of cocaine as a local anæsthetic.

A resolution of thanks was extended to the physicians of Coldwater for their courtesies, and the society adjourned at 9.30 P. M. to meet in July, 1885, at Hillsdale.

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